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ABSTRACT

This federal document offers a comprehensive approach to reduce demand for illegal drugs and decrease their availability. Supported by statistical tables and graphs, the summary is divided into six sections. "The Purpose and Nature of the Strategy" outlines a 10-year plan for drug interdiction and reduction and identifies the elements of that plan. "America's Drug Abuse Profile" offers an overview of the problem with a graphic and statistical analysis of the pertinent information. "Strategic Goals and Objectives" outlines five goals of the drug strategy and supports them with immediate objectives. The five goals are: (1) educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco; (2) increase the safety of America's citizens by substantially reducing drug-related crime and violence; (3) reduce health and social costs to the public of illegal drug use; (4) shield America's air, land, and sea frontiers from the drug threat; and (5) break foreign and domestic drug sources of supply. "A Comprehensive Approach" broadens the initiative to include educational, law enforcement and community programs across the country. "Resources to Implement the Strategy" provides a statistical and graphical analysis of the funding allocated for the effort. The final section, "Consultation," indicates that the lines of communication will remain open among the government, its citizens, and their allies in the drug war. (MJP)

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February 1997 The White House

THE NATIONAL DRUG CONTROL STRATEGY, 1997

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THE NATIONAL DRUG CONTROL STRATEGY: 1997

To the Congress of the United States

I am pleased to transmit the *1997 National Drug Control Strategy* to the Congress. This strategy renews our bipartisan commitment to reducing drug abuse and its destructive consequences. It reflects the combined and coordinated Federal effort that is directed by National Drug Control Policy Director Barry McCaffrey and includes every department and over 50 agencies. It enlists all State and local leaders from across the country who must share in the responsibility to protect our children and all citizens from the scourge of illegal drugs.

In the *1996 National Drug Control Strategy*, we set forth the basis of a coherent, rational, long-term national effort to reduce illicit drug use and its consequences. Building upon that framework, the *1997 National Drug Control Strategy* adopts a 10-year national drug-control strategy that includes quantifiable measures of effectiveness. The use of a long-term strategy, with annual reports to the Congress and consistent outreach to the American people on our progress, will allow us to execute a dynamic, comprehensive plan for the Nation and will help us to achieve our goals.

We know from the past decade of Federal drug control efforts that progress in achieving our goals will not occur overnight. But our success in reducing casual drug use over the last decade demonstrates that drug abuse is not an incurable social ill. Thanks to the bipartisan efforts of the Congress and the past three administrations, combined with broad-based efforts of citizens and communities throughout the United States, we have made tremendous progress since the 1970's in reducing drug use.

Nonetheless, we are deeply concerned about the rising trend of drug use by young Americans. While overall use of drugs in the United States has fallen dramatically — by half in 15 years — adolescent drug abuse continues to rise. That is why the number one goal of our strategy is to motivate America's youth to reject illegal drugs and substance abuse.

Our strategy contains programs that will help youth to recognize the terrible risks associated with the use of illegal substances. The cornerstone of this effort will be our national media campaign that will target our youth with a consistent anti-drug message. But government cannot do this job alone. We challenge the national media and entertainment industry to join us — by renouncing the glamorization of drug abuse and realistically portraying its consequences.

All Americans must accept responsibility to teach young people that drugs are wrong, drugs are illegal, and drugs are deadly. We must renew our commitment to the drug prevention strategies that deter first-time drug use and halt the progression from alcohol and tobacco use to illicit drugs.

While we continue to teach our children the dangers of drugs, we must also increase the safety of our citizens by substantially reducing drug-related crime and violence. At the beginning of my Administration, we set out to change this country's approach to crime by putting more police officers on our streets, taking guns out of the hands of criminals and juveniles, and breaking the back of violent street gangs. We are making a difference. For the fifth year in a row serious crime in this country has declined. This is the longest period of decline in over 25 years. But our work is far from done and we must continue to move in the right direction.

More than half of all individuals brought into the Nation's criminal justice systems have substance abuse problems. Unless we also break the cycle of drugs and violence, criminal addicts will end up back on the street, committing more crimes, and back in the criminal justice system, still hooked on drugs. The criminal justice system should reduce drug demand — not prolong or tolerate it. Our strategy implements testing and sanctions through coerced abstinence as a way to reduce the level of drug use in the population of offenders under criminal justice supervision, and thereby reduce the level of other criminal behavior.

Our strategy supports the expansion of drug-free workplaces, which have proven so successful and we will continue to seek more effective, efficient, and accessible drug treatment to ensure that we are responsive to emerging drug-abuse trends.

We must continue to shield America's air, land, and sea frontiers from the drug threat. By devoting more resources to protecting the Southwest border than ever before, we are increasing drug seizures, stopping drug smugglers, and disrupting major drug trafficking operations. We must continue our interdiction efforts, which have greatly disrupted the trafficking patterns of cocaine smugglers and have blocked the free flow of cocaine through the western Caribbean into Florida and the Southeast.

Our comprehensive effort to reduce the drug flow cannot be limited to seizing drugs as they enter the United States. We must persist in our efforts to break foreign and domestic sources of supply. We know that by working with source and transit nations, we can greatly reduce foreign supply. International criminal narcotics organizations are a threat to our national security. But if we target these networks, we can dismantle them — as we did the Cali Cartel.

We will continue to oppose all calls for the legalization of illicit drugs. Our vigilance is needed now more than ever. We will continue to ensure that all Americans have access to safe and effective medicine. However, the current drug legalization movement sends the wrong message to our children. It undermines the concerted efforts of parents, educators, businesses, elected leaders, community groups, and others to achieve a healthy, drug-free society.

I am confident that the national challenge of drug abuse can be met by extending our strategic vision into the future, educating citizens, treating addiction, and seizing the initiative in dealing with criminals who traffic not only in illegal drugs but in human misery and lost lives.

Every year drug abuse kills 14,000 Americans and costs taxpayers nearly $70 billion. Drug abuse fuels spouse and child abuse, property and violent crime, the incarceration of young men and women, the spread of AIDS, workplace and motor vehicle accidents, and absenteeism in the work force.

For our children's sake and the sake of this Nation, this menace must be confronted through a rational, coherent, cooperative, and long-range strategy. I ask the Congress to join me in a partnership to carry out this national strategy to reduce illegal drug use and its devastating impact on America.

William J. Clinton

THE WHITE HOUSE

Foreword

The *1997 National Drug Control Strategy* is a statement of will and a guide to action. Its overarching purpose is the reduction of illegal drug use and the harm it causes. It is inspired by a long-term vision of a nation free of drug abuse in which youthful dreams are fulfilled and the ideals of democracy are realized.

The *Strategy* offers a comprehensive, balanced approach to reduce demand for illegal drugs and decrease their availability. It applies the necessary resources, programs, and initiatives to make significant inroads toward overcoming the nation's drug problem. The Strategy's message is clear:

To our children and their parents and mentors, we offer the tools for making the right choice to reach adulthood free of illegal substance.

To our communities troubled by dangers of the drug trade, we provide law enforcement and social services that promote a safer, more wholesome environment.

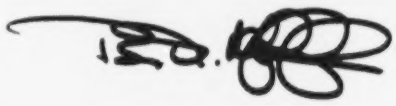
To those caught in the grip of drug abuse, we make available education, prevention, and treatment to help afflicted individuals become contributing citizens.

To criminals who display a callous disregard for our laws and people, we announce our determination to uphold the legal system and bring offenders to justice.

To the nations of the world, we commit ourselves to working cooperatively to stop the insidious trade in illegal drugs.

To our citizens, we pledge to make progress towards our goals.

The *1997 National Drug Control Strategy* embodies the collective will of the American people. It is charged with their determination to overcome the problem of drug abuse and its devastating consequences. It is built from the fiber of their optimism. It reflects their belief that this country can become safer, healthier, and imbued with the vigor of thriving communities and contributing citizens.



Barry R. McCaffrey
Director
Office of National Drug Control Policy

The National Drug Control Strategy: 1997

Table of Contents

Transmittal Letter from the President iii
Foreword by General McCaffrey v

I. **The Purposes and Nature of Strategy** 3
Drug Control Strategy: An Overview 3
A Comprehensive Ten-Year Plan 3
The Mandate for a National Drug Control Strategy 4
Evolution of the National Drug Control Strategy 4
Elements of the 1997 National Drug Control Strategy 4
An Enduring Challenge 5

II. **America's Drug Abuse Profile** 9
Fewer Americans Are Using Illegal Drugs 9
Drug Use Is a Shared Problem 10
Trends in Youth Drug Use 13
Consequences of Illicit Drug Use 15
Health Consequences 15
The Cost of Drug-Related Crime 18
Illegal Drugs Remain Available 21
While Progress Has Been Made, More Remains to be Done 22
We Must Act Now to Prevent a Future Drug Epidemic 23

III. **Strategic Goals and Objectives** 29
Demand Reduction 29
Supply Reduction 32
Organizational Structures 32
Goals and Objectives 33
Measures of Effectiveness 37

IV. **A Comprehensive Approach** 41
Youth-Oriented Initiatives 41
Initiatives to Reduce Drug-Related Crime and Violence 44
Initiatives to Reduce Health and Social Problems 47
Initiatives to Shield Our Frontiers 49
Initiatives to Reduce Drug Availability 51
Other Initiatives 57

V. **Resources to Implement the Strategy** 63

VI. **Consultation** 69

I. The Purposes and Nature of Strategy

"The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government." — Thomas Jefferson

Drug Control Strategy: An Overview

The first duty of government is to protect its citizens. The Constitution of the United States — as interpreted over 208 years — articulates the obligation of the federal government to uphold the public good, providing a bulwark against all threats, foreign and domestic. Illegal drugs constitute one such threat. Toxic, addictive substances present a hazard to society as a whole. Like a corrosive, insidious cancer, drug abuse diminishes the potential of our citizens for full growth and development.

The traditions of American government and democracy affirm self-determination and freedom. While government must minimize interference in the private lives of citizens, it cannot deny security to individuals and the collective culture the people uphold. Drug abuse and its consequences destroy personal liberty and the well-being of communities. Crime, violence, anti-social behavior, accidents, unintended pregnancies, drug-exposed infants, and addiction are only part of the price illegal drug use imposes on society. Every drug user risks his ability to think rationally and his potential for a full, productive life. Drug abuse drains the physical and moral strength of America. It spawns global criminal syndicates and bankrolls those who sell drugs to children. Illegal drugs foster crime and violence in our inner cities, suburbs, and rural areas.

Drug-induced deaths increased 47 percent between 1990 and 1994 and number approximately 14,000 a year.[1] Illegal drugs also burden our society with approximately $67 billion in social, health, and criminal costs each year.[2] Absent effective government action, the damage to our country would be even greater. Historians have documented America's experience with addictive drugs over the past two hundred years. The ebb and flow of drug use recurred in roughly thirty-year cycles: an uninformed or forgetful public becomes indifferent to the dangers of rising drug use only to recoil at its devastating consequences. For the benefit of all Americans, the *1997 National Drug Control Strategy* sets a steady course to reduce drug abuse and its detrimental consequences.

A Comprehensive Ten-Year Plan

Strategy considers the relationship between available resources and goals. As an executable plan, it offers ways to achieve ends in an efficient manner. Strategy sets the timetable for efforts undertaken and reassesses relevance as conditions change. Strategy also embodies will. With a sense of optimism, the American people dedicate themselves to the proposition that our country can become safer and healthier, imbued with the vigor of thriving communities and contributing citizens.

The *National Drug Control Strategy* is designed to provide guidance for the long- term. It proposes a ten-year commitment supported by five-year

budgets so that continuity of effort can help ensure success. The strategy addresses the two sides of the challenge: limiting availability of illegal drugs and reducing demand. This document contains our collective wisdom for confronting illegal drugs. It provides general guidance while identifying specific initiatives. Particular programs will be reassessed annually to maximize opportunities for success, but the overall approach must be sustained. The challenge is to reinforce progress while not wasting resources on unproductive efforts. Nevertheless, sufficient time must be allotted to a program lest premature evaluation distort findings.

The *National Drug Control Strategy* is America's main guide in the struggle to decrease illegal drug use. The strategy provides a compass for the nation to reach this critical objective. Developed in consultation with public and private organizations, it sets a course for the nation's collective effort against drugs.

The Mandate for a National Drug Control Strategy

The Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, is the legal foundation of the government's fight against abuse of drugs and other substances. This law consolidates numerous regulations pertaining to the manufacture and distribution of narcotics, stimulants, depressants, hallucinogens, anabolic steroids, and chemicals used in the illicit production of controlled substances.

The federal Anti-Drug Abuse Act of 1988 established as a policy goal of the United States government the creation of a drug-free America. A key provision of that act was the establishment of the Office of National Drug Policy to set priorities and objectives for national drug control, promulgate the *National Drug Control Strategy* on an annual basis, and oversee the strategy's implementation. Congress requires that the strategy be comprehensive and research-based; contain long-range goals and shorter-term, measurable objectives; and seek to reduce drug abuse and its consequences. Specifically, drug abuse is likely to be curbed by: reducing the number of illegal drug users; preventing use of illegal drugs, alcohol, and tobacco by underage youth; and reducing the availability of illegal drugs.

Evolution of the National Drug Control Strategy

Since passage of the Anti-Drug Abuse Act, seven formal versions of the *National Drug Control Strategy* have been drafted. All defined the reduction in demand for illegal drugs as a main focus of drug control efforts. In addition, the documents soon recognized the prevention of drug, alcohol, and tobacco use among youth as the most important goal. The various strategies realized that no single approach could rescue the nation from the cycle of drug abuse. A consensus was reached that drug prevention, education, and treatment must be complemented by drug supply reduction abroad, on our borders, and within the United States. Each strategy also shared the commitment to maintain and enforce anti-drug laws. Finally, these strategies tied policy to an increasingly scientific, research-based body of knowledge about the nation's drug problems.

Over the years, the drug strategies codified desirable outcomes as "goals." In 1996, the strategy established five major goals as the basis for a coherent, rational, long-term national effort. Subsequently, the Office of National Drug Control Policy solicited and received nationwide comments on last year's edition; this feedback informed the 1997 strategy. The resulting document is offered as a distillation of the national experience and a conceptual framework for reducing illegal drug use and its consequences over the next decade.

Elements of the 1997 National Drug Control Strategy

- **Democratic.** Our nation's domestic challenge is to reduce drug use and its consequences while protecting individual liberties. Our international challenge is to develop effective programs that reduce the cultivation, production, and trafficking of illegal drugs while supporting democratic governance and human rights.

- **Outcome-oriented.** A decrease in drug use and its negative consequences is the desired outcome of this *Strategy*. All initiatives in the strategy must serve that end. Over the course of ten years, many programs will adapt or evolve as we assess the progress that has been made.

- **Balanced.** Reducing the drug problem in America requires a multi-faceted, balanced program. We cannot hope to decrease drug abuse by relying exclusively on one approach. William Bennett laid out in the *1989 National Drug Control Strategy* a lesson that still applies today: "... no single tactic — pursued alone or to the detriment of other possible and valuable initiatives — can work to contain or reduce drug use." We can expect no panacea, no "silver bullet." We can neither arrest nor educate our way out of this problem. The *1997 Strategy* presents a range of approaches that promise, when taken together, to decrease illegal drug use in America.

- **Long-term.** There can be no short-term solutions to a problem that requires education of each generation and resolute opposition to criminal traffickers. Our approach must be long-term and continuous. We will marshal the resources to resist drug traffickers, manage the social trauma of drug abuse, and create the engaged, supportive, community environment needed to educate American youth. The *1997 Strategy* outlines a range of approaches that promise, when taken together, to decrease drug abuse in America for generations.

- **Wide-ranging.** One consequence of modern communication and transportation is a "shrinking" of the world and the nation. Drug abuse is not limited to one region of the country or one country in the world. The *Strategy* uses initiatives like prevention, education, treatment, research, law enforcement, interdiction, and illicit drug crop reduction to deal with illegal drug use across the spectrum of human organization. We cannot stop drug use and abuse in America while allowing traffickers to subvert other governments, establish safe-havens in some countries, or overwhelm the capabilities of local law enforcement. The initiatives in the *1997 Strategy* establish a partnership among federal, state, and local governments, and with community-based organizations and the private sector, to solve common problems.

- **Realistic**. Some people believe that drug use is so deeply embedded in society that we can never hope to decrease it. Others feel that the problem can be solved in short order if draconian measures are adopted. Avoiding extremes, the *Strategy* rejects both of these views. We can reduce drug use without compromising American ideals if we maintain adequate resolve.

- **Introspective**. If the strategy is to be dynamic and successful, it must incorporate a self-assessment process. We must measure objectively the progress or failure of a project and modify tactics accordingly.

An Enduring Challenge

Drug abuse has plagued America for more than a century. To turn that negative experience around will require perseverance and vigilance. Our nation can contain and decrease the damage wrought by drug abuse and its consequences. But we will have to apply ourselves with a resolve marked by continuing education for our citizens, the determination to resist criminals who traffic in illegal drugs, and the patience and compassion to treat individuals caught in the grip of illegal drugs.

The metaphor of a "war on drugs" is misleading. Wars are expected to end. Addressing drug abuse is a continuous challenge; the moment we believe ourselves to be victorious and free to relax our resolve, drug abuse will rise again. Furthermore, the United States does not wage war on its citizens, many of whom are the victims of drug abuse. These individuals must be helped, not defeated. It is the suppliers of illegal drugs, both foreign and domestic, who must be thwarted.

A more appropriate analogy for the drug problem is cancer. Dealing with cancer is a long-term proposition. It requires the mobilization of support mechanisms — human, medical, educational, and

societal, among others — to check its spread, deal with its consequences, and improve the prognosis. Resistance to its spread is necessary, but so is patience, compassion, and the will to carry on against its inroads. Pain must be managed while the root cause is attacked. The road to recovery is long and complex.

Decreasing illegal drug use in America is a difficult task. The *1997 Strategy* provides a long-term vision that can be implemented, measured, and adapted to secure our goal. The duty of the federal government is to help communities resist drug abuse and overcome its consequences. Ultimately, each American must make his or her own decision about whether to begin or stop using illegal drugs and how to enable communities to overcome the impact of drug abuse. The *National Drug Control Strategy* focuses government resources to help Americans make the right decisions — for their individual well-being and for society — and to reduce the cancer of drugs in America.

Endnotes

1. National Center for Health Statistics, *Advance Report of Final Mortality Statistics, 1994*, Vol. 45, No. 3, Supplement (Hyattsville, Md.: U.S. Department of Health and Human Services, September 30, 1996).

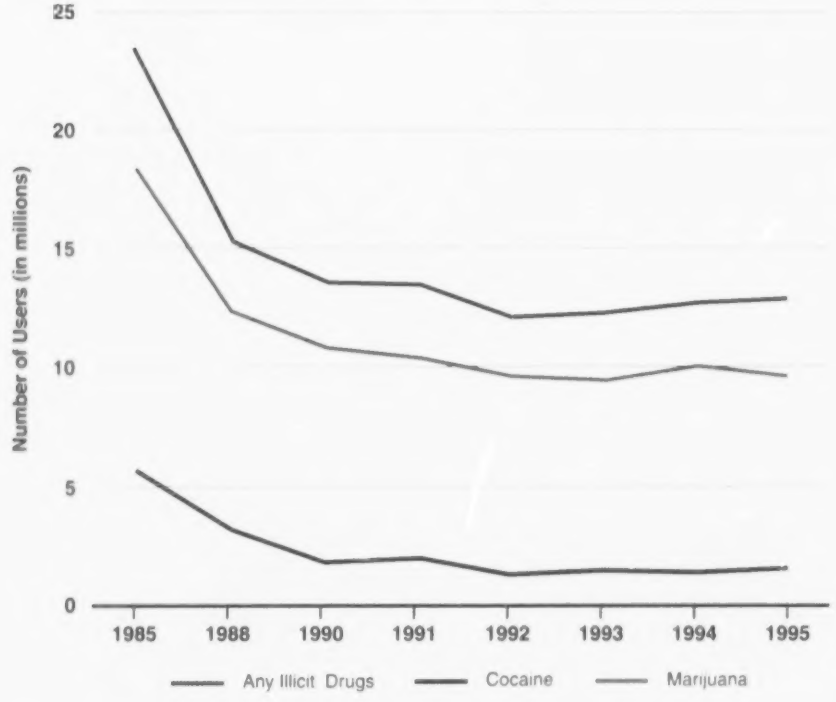
2. Dorothy P. Rice, unpublished data (San Francisco, Calif: Institute for Health and Aging, University of California).

II. America's Drug Abuse Profile

Fewer Americans Are Using Illegal Drugs

An estimated 12.8 million Americans, about 6 percent of the household population aged twelve and older, use illegal drugs on a current basis (within the past thirty days). This number of "past-month" drug users has declined by almost 50 percent from the 1979 high of twenty-five million — a decrease that represents an extraordinary change in behavior. Despite the dramatic drop, more than a third of all Americans twelve and older have tried an illicit drug. Ninety percent of those who have used illegal drugs used marijuana or hashish. Approximately a third used cocaine or took a prescription type drug for nonmedical reasons. About a fifth used LSD.

Figure 2-1
Past Month Users of Any Illicit Drugs, Cocaine, and Marijuana,



Source: National Household Survey on Drug Abuse, National Institute on Drug Abuse (1985–91). Substance Abuse and Mental Health Services Administration, (1992–95)

Fortunately, nearly sixty million Americans who used illicit drugs during youth, as adults reject these substances.[1]

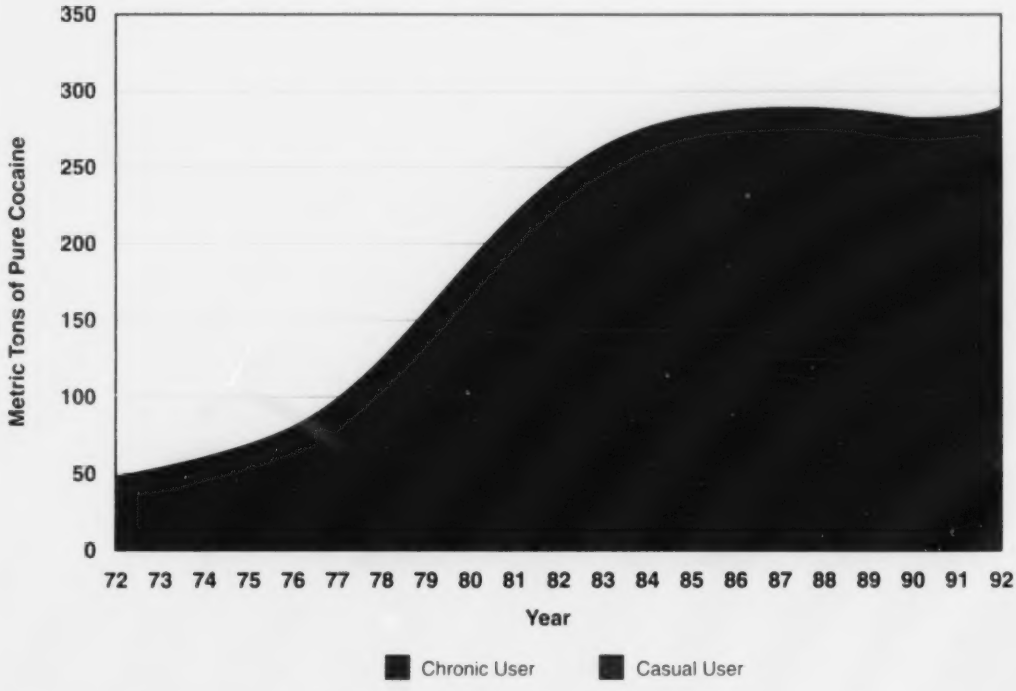
Drug Use is a Shared Problem

Many Americans believe that drug abuse is not their problem. They have misconceptions that drug users belong to a segment of society different from their own or that drug abuse is remote from their environment. They are wrong. Almost three quarters of drug users are employed. A majority of Americans believe that drug use and drug-related crime are among our nation's most pressing social problems.[2] Approximately 45 percent of Americans know someone with a substance abuse problem.

While drug use and its consequences threaten Americans of every socio-economic background, geographic region, educational level, and ethnic and racial identity, the effects of drug use are often felt disproportionally. Neighborhoods where illegal drug markets flourish are plagued by attendant crime and violence. Americans who lack comprehensive health plans and have smaller incomes may be less able to afford treatment programs to overcome drug dependence. What all Americans must understand is that no one is immune from the consequences of drug use. Every family is vulnerable. We must make a commitment to reducing drug abuse and not mistakenly assume that illegal drugs are someone else's concern.

Cocaine. The number of cocaine users in the United States has declined dramatically since the high point in 1985. In 1995, 1.5 million Americans were current cocaine users, a 74 percent decline from 5.7 million a decade earlier.

Figure 2-2
Annual U.S. Consumption of Cocaine by Type of User, 1972–92



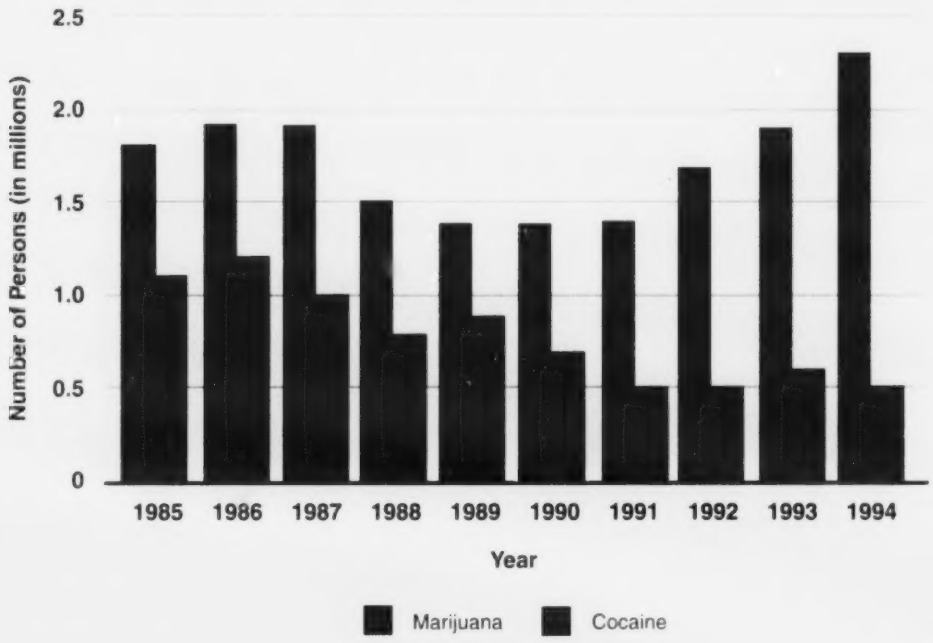
Source: *Modeling the Demand for Cocaine*, RAND Corporation, 1994

In addition, fewer people are trying cocaine. The estimated 533,000 first-time users in 1994 represented a 60 percent decline from approximately 1.3 million cocaine initiates per year between 1980 and 1984. While these figures indicate significant progress, the number of frequent users in 1995 — estimated at 582,000 (255,000 of whom use crack) — has not changed markedly since 1985.[3] The Rand Corporation estimates that chronic users account for two-thirds of the U.S. demand for cocaine.[4] Thus, while the number of cocaine *users* has dropped, the *amount* of cocaine consumed in America has not declined commensurably.

Heroin. Some 600,000 people in the United States are addicted to heroin, an increase over the estimated number of addicts during the 1970s and 1980s.[5] While injection remains the most practical and efficient means of administering low-purity heroin, the availability of high-purity heroin makes snorting or smoking viable options. As more chronic users turn to snorting heroin, consumption has increased dramatically compared to consumption a decade ago when injection was the only option available.[6] The April 1996 *Pulse Check*, a survey conducted by the Office of National Drug Control Policy, found that while most heroin users are older, long-term drug abusers, growing numbers of teenagers and young adults are using the drug.[7]

Marijuana. In 1995, an estimated 9.8 million Americans (77 percent of all current illicit drug users) were smokers of marijuana — making it the most-commonly-used illicit drug. Approximately

Figure 2-3
Cocaine and Marijuana First Time Users, 1985-94



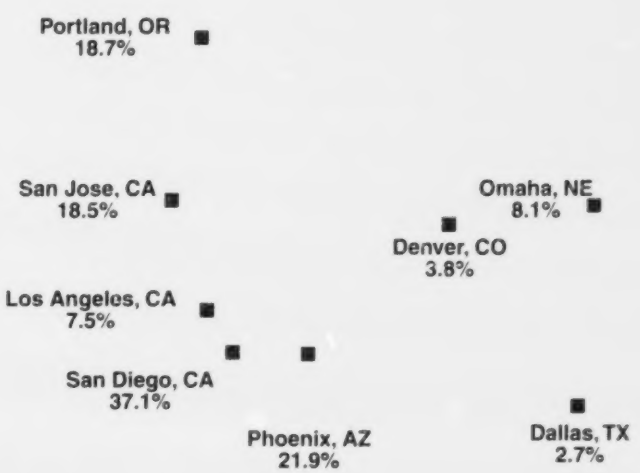
Source: National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration, 1996

57 percent of current illicit drug users limit consumption exclusively to marijuana. In 1995, five million U.S. citizens used marijuana frequently (defined as at least fifty-one days a year), which was a significantly lower figure than the estimated 8.4 million frequent marijuana users in 1985. However, the annual number of marijuana initiates rose since 1991, reaching 2.3 million in 1994.[9]

Methamphetamine. Methamphetamine use is increasing. An estimated 4.7 million Americans have tried this drug.[9] Findings by the National Institute of Justice's Drug Use Forecasting program, which regularly tests arrestees for drug use in twenty-three cities, suggest that methamphetamine is present in many communities across the country and that its prevalence is greatest in the West, Southwest, and Midwest.[10] In 1995, approximately 6 percent of adult and juvenile arrestees, from all sites, tested positive for methamphetamine. Eight locations (San Diego, Phoenix, San Jose, Portland, Omaha, Los Angeles, Denver, and Dallas) reported significant rates of methamphetamine use.

Other Illicit Drugs. In 1995, the prevalence of current use of other illicit drugs, including hallucinogens, inhalants, and psychotherapeutics, was less than 1 percent. Only hallucinogen use showed any significant change between 1994 and 1995, rising from 0.4 percent to 0.7 percent. Despite last year's ban on importation, Rohypnol, a powerful sedative, is still found in the Southeast and Mid-Atlantic regions. Ethnographers note that this substance was formerly one of several "club drugs" young people used, which now may be reaching a wider audience.[11] Other "club drugs" — including Ketamine, Quaaludes, Xanax, MDMA, and LSD — continue to gain popularity among young adults.

Figure 2-4
Drug Use Forecasting Sites Where Methamphetamine Use Was Highest in 1995



Source: Drug Use Forecasting Program, National Institute of Justice, 1996

Trends in Youth Drug Use

The most alarming trend is the increasing use of illegal drugs, tobacco, and alcohol among youth. Children who use these substances increase the chance of acquiring life-long dependency problems. They also incur greater health risks. Every day, three thousand children begin smoking cigarettes regularly; as a result, a third of these youngsters will have their lives shortened.[12] According to a study conducted by Columbia University's Center on Addiction and Substance Abuse, children who smoke marijuana are eighty-five times more likely to use cocaine than peers who never tried marijuana.[13] The use of illicit drugs among eighth graders is up 150 percent over the past five years.[14] While alarmingly high, the prevalence of drug use among today's young people has not returned to near-epidemic levels of the late 1970s. The most important challenge for drug policy is to reverse these dangerous trends.

Early drug use often leads to other forms of unhealthy, unproductive behavior. Illegal drugs are associated with premature sexual activity (with attendant risks of unwanted pregnancy and exposure to sexually-transmitted diseases like HIV/AIDS), delinquency, and involvement in the criminal justice system.

Overall Use of Illegal Drugs. In 1995, 10.9 percent of all youngsters between twelve and seventeen years of age used illicit drugs on a past-month basis.[15] This rate has risen substantially compared to 8.2 percent in 1994, 5.7 percent in 1993, and 5.3 percent in 1992 — the historic low in the trend since the 1979 high of 16.3 percent. The University of Michigan's 1996 *Monitoring the Future* study found that more than half of all high school students use illicit drugs by the time they graduate.

Cocaine Use Among Youth. Cocaine use is not prevalent among young people. In 1996, approximately 2 percent of twelfth graders were current cocaine users. While this figure was up from a low of 1.4 percent in 1992, it was still 70 percent lower than the 6.7 percent high in 1985. Among twelfth graders in 1996, 7.1 percent had ever tried cocaine — up from the 1992 low of 6.1 percent but much lower than the 1985 high of 17.3 percent. However, during the past five years, lifetime use of cocaine has nearly doubled among eighth graders, reaching 4.5 percent in 1996.[16] A similar trend is identified in the 1995 National Household Survey on Drug Abuse, which showed a drop in the mean age for first use of cocaine from 23.3 years in 1990 to nineteen in 1994.[17]

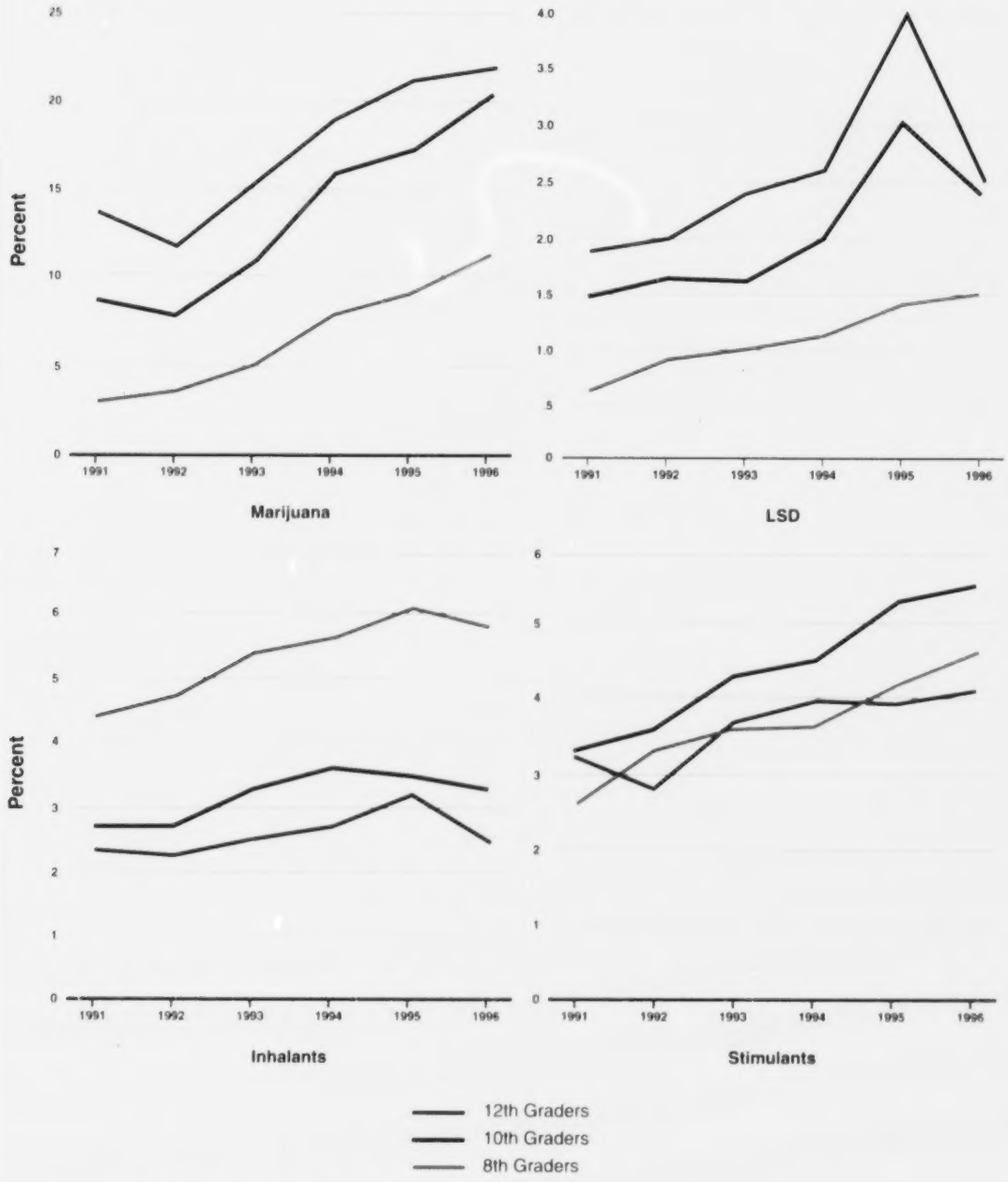
Heroin Use Among Youth. Heroin use is also not prevalent among young people. The 1996 *Monitoring The Future* study found that 1 percent of twelfth graders had used heroin in the past year, and half of 1 percent had done so within the last thirty days. Encouragingly, both figures were lower than the 1995 findings. However, the 1996 survey showed that the number of youths who ever used heroin doubled between 1991 and 1996 among eighth and twelfth graders, reaching 2.4 percent and 1.8 percent respectively.[18]

Marijuana Use Among Youth. Marijuana use continues to be a major problem among the nation's young people. Almost one in four high school seniors used marijuana on a "past-month" basis in 1996 while less than 10 percent used any other illicit drug with the same frequency. Within the past year, nearly twice as many seniors used marijuana as any other illicit drug.[19] Marijuana also accounts for most of the increase in illicit drug use among youths aged twelve to seventeen. Between 1994 and 1995, the rate of marijuana use among this age-group increased from 6 percent to 8.2 percent (a 37 percent increase). Furthermore, adolescents are beginning to smoke marijuana at a younger age. The mean age of first use dropped from 17.8 years in 1987 to 16.3 years in 1994.[20]

Alcohol Use Among Youth. Alcohol is the drug most often used by young people. Approximately one in four tenth grade students and one third of twelfth graders report having had five or more drinks on at least one occasion within two weeks of the survey.[21] The average age of first drinking has declined to 15.9 years, down from 1987's average of 17.4 years.[22]

Figure 2-5

Past 30-Day Use of Selected Drugs Among 8th, 10th, 12th Graders, 1991–96



Source: Monitoring the Future Study, University of Michigan, 1996

17

Tobacco Use Among Youth. Despite a decline in adult smoking, American youth continue to use tobacco products at rising rates. In 1996, more than a third of high school seniors smoked cigarettes, and more than one in five did so daily. These percentages are greater than at any time since the 1970s.[23]

Other Illicit Drug Use Among Youth. After marijuana, stimulants (a category that includes methamphetamine) are the second-most-commonly used illicit drug among young people. About 5 percent of high school students use stimulants on a monthly basis, and 10 percent have done so within the past year. Encouragingly, the use of inhalants — the third-most-common illicit substance — declined among eighth, tenth, and twelfth graders in 1996. LSD however, was used by 8.8 percent of twelfth graders during the past year.[24]

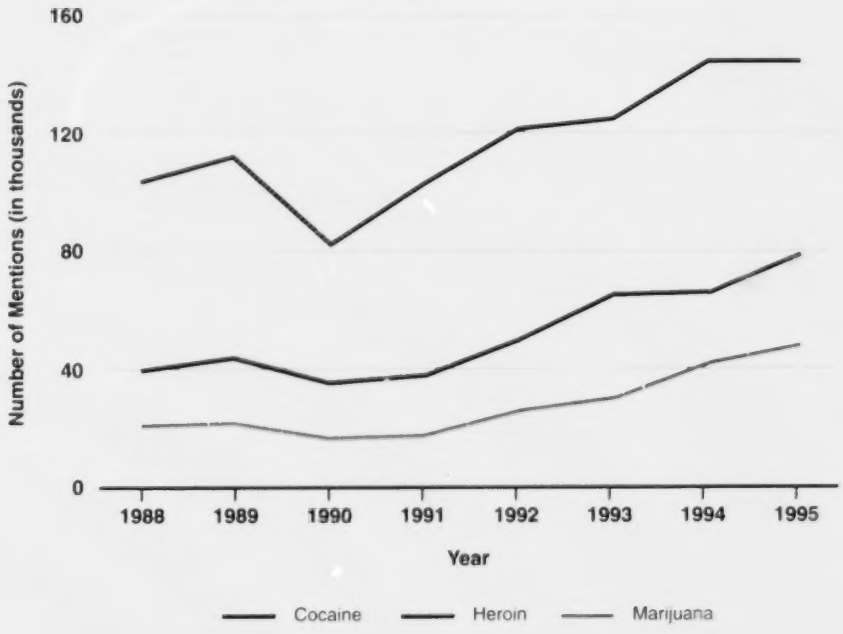
Consequences of Illicit Drug Use

The social and health costs to society of illicit drug use are staggering. Drug-related illness, death, and crime cost the nation approximately $66.9 billion. Every man, woman, and child in America pays nearly $1,000 annually to cover the expense of unnecessary health care, extra law enforcement, auto accidents, crime, and lost productivity resulting from substance abuse.[25] Illicit drug use hurts families, businesses, and neighborhoods; impedes education; and chokes criminal justice, health, and social service systems.

Health Consequences

Drug-Related Medical Emergencies Are at a Historic High. The Drug Abuse Warning Network (DAWN), which studies drug-related hospital emergency room episodes, provides a useful snapshot of the health consequences of America's

Figure 2-6
Trends in Drug-Related Emergency Room Mentions of Cocaine, Heroin, and Marijuana, 1988–95



Source: Drug Abuse Warning Network, National Institute on Drug Abuse (1988–91) and Substance Abuse and Mental Health Services Administration (1992–95)

drug problem. In 1995, DAWN estimated that 531,800 drug-related episodes occurred — slightly more than the 518,500 incidents in 1994. The 1995 figure marks the first time in the past five years that drug-related emergency department episodes did not rise significantly.[9]

DAWN also found that cocaine-related episodes remain at a historic high. Heroin-related emergencies increased between 1990 and 1995 by 124 percent. While no meaningful change occurred in the number of methamphetamine-related episodes between 1994 and 1995, a marked increase did occur between 1991 and 1994 when the figure rose from five thousand to nearly eighteen thousand.

Nearly 40 percent of deaths connected with illegal drugs strike people between age thirty and thirty-nine, a group with elevated rates of chronic problems due to drug abuse.[10] Overall rates are higher for men than for women, and for blacks than for whites.[11] AIDS is the fastest-growing cause of all illegal drug-related deaths. More than 33 percent of new AIDS cases affect injecting drug users and their sexual partners.[12]

The Consequences of Heroin Addiction are Becoming More Evident. Heroin-related deaths in some cities increased dramatically between 1993 and 1994 (the most recent year for which these statistics are available). In Phoenix, heroin fatalities were up 34 percent, 29 percent in Denver, and 25 percent in New Orleans.[13] The annual number of heroin-related emergency room mentions increased from 34,000 in 1990 to 76,023 in 1995.[14]

Maternal Drug Abuse Contributes to Birth Defects and Infant Mortality. A survey conducted between 1992 and 1993 estimated that 5.5 percent, or about 221,000 women, used an illicit drug at least once during their pregnancy.[15] Marijuana was used by about 2.9 percent, or 119,000; cocaine was used by about 1.1 percent, or 45,000.[16] Infants born to mothers who abuse drugs may go through withdrawal or have other medical problems at birth. Recent research also suggests that drug-exposed infants may develop poorly because of stress caused by the mother's drug use. These children experience double jeopardy: they often suffer from biological vulnerability due to prenatal drug exposure, which can be exacerbated by poor caretaking and multiple separations resulting from the drug user's lifestyle.

Maternal substance abuse is associated with increased risk of infant mortality or death of the child during the first year of life. An in-depth study of infant mortality conducted on women receiving Medicaid, in the state of Washington from 1988 through 1990, showed an infant mortality rate of 14.9 per one thousand births among substance-abusing women as compared to 10.7 per one thousand for women on Medicaid who were not substance abusers.[17] In addition, this research indicated that infants born to drug-abusing women are 2.5 times more likely to die from Sudden Infant Death Syndrome (SIDS).

Chronic Drug Use is Related to Other Health Problems. The use of illegal drugs is associated with a range of other diseases, including tuberculosis and hepatitis. Chronic users are particularly susceptible to sexually-transmittable diseases and represent "core transmitters" of these infections. High risk sexual behavior associated with crack and injection drug use has been shown to enhance the transmission and acquisition of both HIV and other STDs.

Underage Use of Alcohol and Tobacco Can Lead to Premature Death. Eighty-two percent of all people who try cigarettes do so by age eighteen.[18] Approximately 4.5 million American children under eighteen now smoke, and every day another three thousand adolescents become regular smokers.[19] Seventy percent of adolescent smokers say they would not have started if they could choose again.[20] In excess of 400,000 people die every year from smoking-related diseases — more than from alcohol, crack, heroin, murder, suicide, car accidents, and AIDS combined.[21]

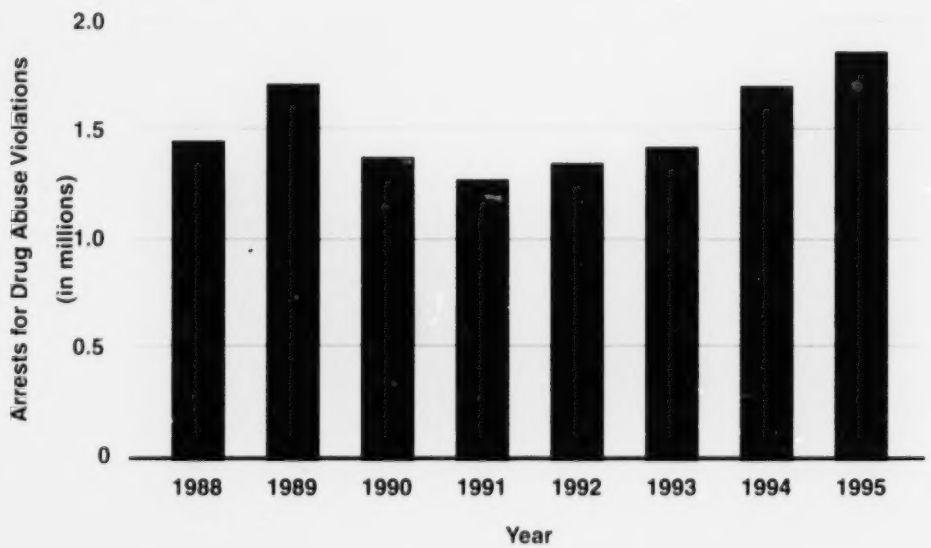
Alcohol has a devastating impact on young people. Eight young people a day die in alcohol-related car crashes.[22] According to the National Highway Traffic Safety Administration, 7,738 intoxicated drivers between the ages of sixteen

and twenty were fatally injured in 1996.[40] The younger an individual starts drinking and the greater the intensity and frequency of alcohol consumption, the greater the risk of using other drugs.[41] Two and-a-half million teenagers reported they did not know that a person can die from alcohol overdose.[42]

Drug Abuse Burdens the Workplace. Seventy-one percent of all illicit drug users aged eighteen and older (7.4 million adults) are employed, including 5.4 million full-time workers and 1.9 million part-time workers.[43] Drug users decrease workplace productivity. An ongoing, nationwide study conducted by the U.S. Postal Service has compared the job performance of drug users versus non-users. Among drug users, absenteeism is 66 percent higher, health benefit utilization is 84 percent greater in dollar terms, disciplinary actions are 90 percent higher, and there is significantly higher employee turnover.[44]

The workplace can function as a conduit for information on substance-abuse prevention and identification both to adults — many of whom, as parents, are not being reached through more traditional means — and to youth who are employed while attending school. The threat of job loss remains one of the most effective ways to motivate substance abusers to get help. The workplace provides many employees (and families) who seek help for a substance-abuse problem with access to treatment. Since evidence shows that substance-abuse treatment can reduce job-related problems and result in abstinence, many employers sponsor employee-assistance programs (EAPs), conduct drug testing, or have procedures for detecting substance-abuse and promoting early treatment.

Figure 2-7
Drug Related Arrests, 1988–95



Source: Uniform Crime Reports. Federal Bureau of Investigation, 1996

The Cost of Drug-Related Crime

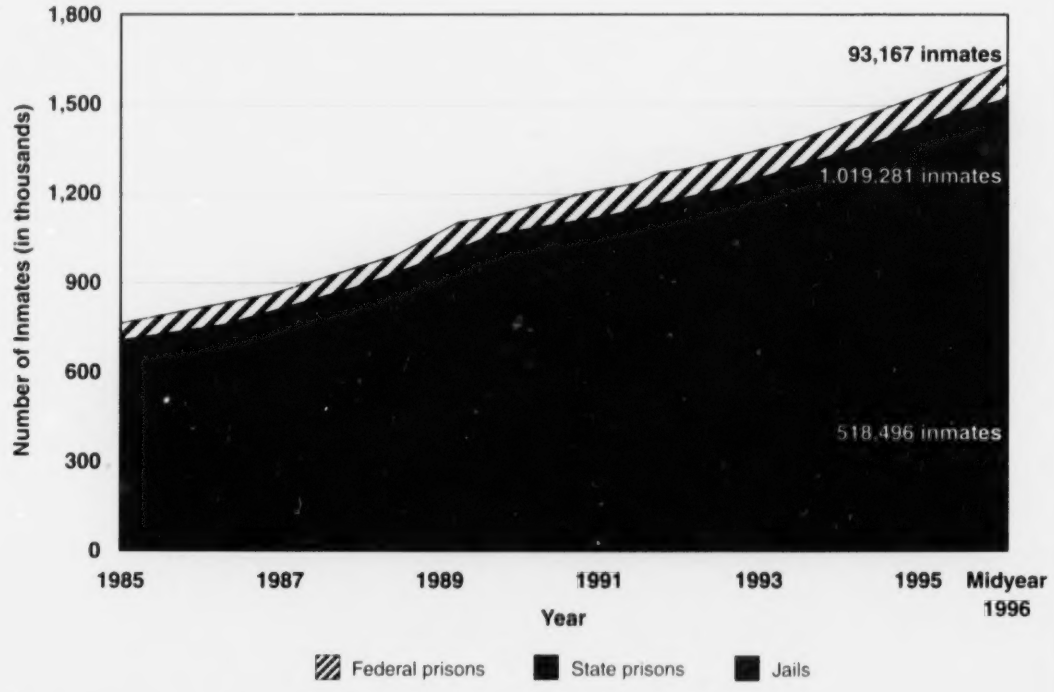
Drug abuse takes a toll on society that can only be partially measured. While we are able to estimate the number of drug-related crimes that occur each year, we can never determine fully the extent to which the quality of life in America's neighborhoods has been diminished by drug-related criminal behavior. With the exception of drug-related homicides, which have declined in recent years, drug-related crime is continuing at a strong and steady pace.

Numerous Drug-Related Arrests Occur Each Year. In 1994, state and local law enforcement agencies made an estimated 1.14 million arrests for drug law violations. The largest percentage of these arrests were for drug possession (75.1 percent).[45]

Arrestees Frequently Test Positive for Recent Drug Use. The National Institute of Justice Drug Use Forecasting (DUF) program calculates the percentage of arrested individuals whose urine indicates drug use. In 1995, DUF data collected from male arrestees in twenty-three cities showed that the percentage testing positive for any drug ranged from 51 percent to 83 percent. Female arrestees ranged from 41 percent to 84 percent. Among males, arrestees charged with drug possession or sale were most likely to test positive for drug use. Among females, arrestees charged with prostitution, drug possession or sale were most likely to test positive for drug use. Both males and females arrested for robbery, burglary, and stealing vehicles had high positive rates.[46]

Drug Offenders Crowd the Nation's Prisons and Jails. At midyear 1996, there were 93,167 inmates in federal prisons, 1,019,281 in state prisons, and 518,492 in jails.[47] In 1994, 59.5 percent of federal prisoners were drug offenders[48] as were 22.3 percent of the inmates in state prisons.[49] The increase in drug offenders accounts for nearly three quarters of

Figure 2-8
Number of Persons in Federal and State Prisons and Local Jails, 1985–96



Source: Bureau of Justice Statistics, 1997

Figure 2-9
Drug Use* Among Booked Arrestees, 1995

* Tested positive on urinalysis
** Data are not collected on female arrestees

Source: Drug use Forecasting Program, National Institute of Justice, 1996

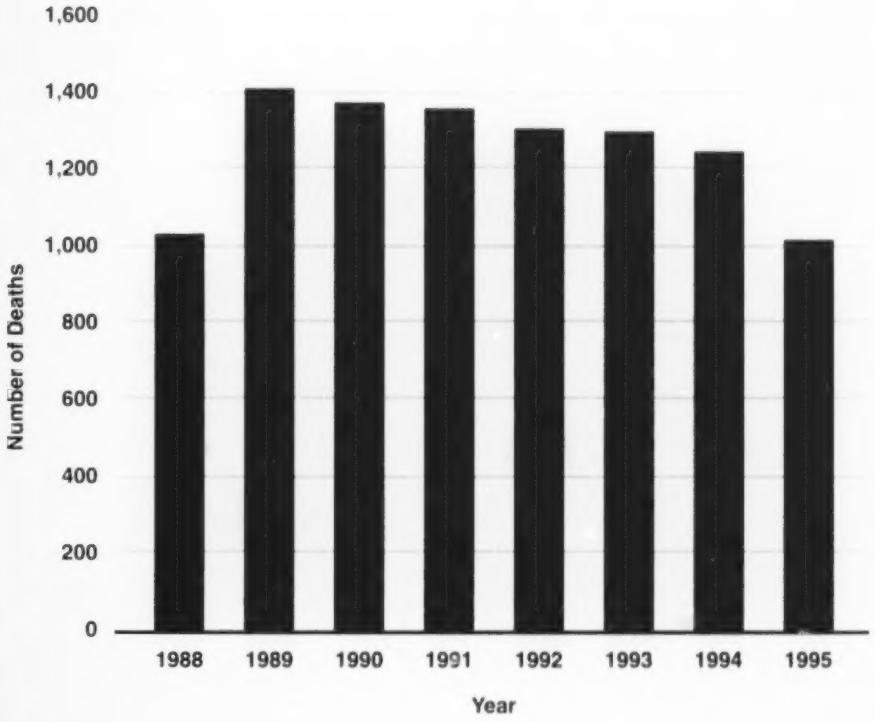
the total growth in federal prison inmates since 1980. Most drug offenders are imprisoned for possessing more drugs than possibly could be consumed by one individual distributing drugs or committing serious crimes related to drug sales. In 1995, for example, only 4,040 people were sentenced in federal courts for marijuana-related charges; 89.1 percent of those offenders were facing trafficking charges.[30]

Inmates in Federal and State Prisons were often under the Influence of Drugs when they Committed Offenses. A 1991 survey of federal and state prisons, found that drug offenders, burglars, and robbers in state prisons were the most likely to report being under the influence of drugs while committing crimes. Inmates in state prisons who had been convicted of homicide, assault, and public order offenses were least likely to report being under the influence of drugs. With the exception of burglars, federal prison inmates were less likely than state inmates to have committed offenses under the influence of drugs.[31]

Offenders Often Commit Offenses to Support Drug Habits. According to a 1991 joint survey of federal and state prison inmates, an estimated 10 percent of federal prisoners and 17 percent of state prisoners reported committing offenses in order to pay for drugs.[32]

Drug Trafficking Generates Violent Crime. Trafficking in illicit drugs is often associated with violent crime. Reasons for this relationship include competition for drug markets and customers, disputes among individuals involved with illegal

Figure 2-10
Drug-Related Murders, 1988–95



Source: Uniform Crime Reports, Federal Bureau of Investigation, 1996

23

drugs, and the location of drug markets in disadvantaged areas where legal and social controls against violence tend to be ineffective. The proliferation of lethal weapons in recent years has also made drug violence more deadly.

Drug-Related Homicides Have Declined. There was a steady decline in drug-related homicide between 1989 and 1995. The Uniform Crime Reports (UCR) indicated that of 21,597 homicides committed in 1995 in which the circumstances of the crime were known, 1,010 (or 4.7 percent) involved drugs.[3] This figure was significantly lower than 7.4 percent in 1989.[3]

Money Laundering Harms Financial Institutions. Money laundering involves disguising financial assets so they can be used without the illegal activity that produced them being detected. Money laundering provides financial fuel not only for drug dealers but for terrorists, arms dealers, and other criminals who operate and expand criminal enterprises. Drug trafficking generates tens of billions of dollars a year; the total amount of money involved cannot be calculated precisely. In September 1996, the Internal Revenue Service (IRS) estimated that 60 percent of the money laundering cases it investigated during that fiscal year were drug-related.[4]

Illegal Drugs Remain Available

Illegal drugs continue to be readily available almost anywhere in the United States. If measured solely in terms of price and purity, cocaine, heroin, and marijuana prove to be more available than they were a decade ago when the number of cocaine and marijuana users was much higher.

Cocaine Availability. Colombian drug cartels continue to manage most aspects of the cocaine trade from acquisition of cocaine base, to cocaine production in South America and transportation, to wholesale distribution in the United States. Polydrug trafficking gangs in Mexico, which used to serve primarily as transporters for the Colombian groups, are increasingly assuming a more prominent role in the transportation and distribution of cocaine. Wholesale cocaine distribution and money laundering networks are typically organized into multiple cells functioning in major metropolitan areas. Domestically, retail level sales are conducted by a wide variety of criminal groups. These sellers are often organized along regional, cultural, and ethnic lines that facilitate internal security while serving a demand for drugs that permeates every part of our society.

Gangs — including the Crips, Bloods, and Dominican gangs as well as Jamaican "posses"— are primarily responsible for widespread cocaine and crack-related violence. The migration of gang members and "posses" to smaller U.S. cities and rural areas has caused an increase in drug-related homicides, armed robberies, and assaults in those areas. According to the National Narcotics Intelligence Consumers Committee (NNICC) Report, the price and availability of cocaine in the United States remain relatively stable. In 1995, cocaine prices ranged nationally from $10,500 to $36,000 per kilogram. The average purity of cocaine at the gram, ounce, and kilogram level also remains high. Purity of the gram (retail level) in 1995 was approximately 61 percent while purity per kilogram (wholesale) was 83 percent.[5]

Heroin Availability. Heroin continues to be readily available in many cities. Nationally, in 1995 wholesale prices ranged from $50,000 to $260,000 per kilogram. This wide range reflected such variables as buyer-seller relationship, quantity purchased, frequency of delivery, and transportation costs. Data obtained from DEA's Domestic Monitor Program, a retail heroin purchase program, indicates that high-purity Southeast Asian heroin dominates the U.S. market. However, the availability of South American heroin has increased steadily, reflecting the fact that Colombian traffickers have gained a foothold in the U.S. heroin market.[5]

The NNICC Report also reveals that heroin purity levels have risen considerably. In 1995, the average purity for retail heroin from all sources was 39.7 percent nationwide, which was much higher than the average of 7 percent reported a decade ago. The retail purity of South American heroin was the highest of any source, averaging 56.4 percent nationwide and 76 percent in New

York City, a major importation and distribution center. Heroin purity was generally highest in the Northeast where a large percentage of the nation's users live.

Marijuana Availability. Marijuana is the most readily available illicit drug in the United States. While no comprehensive survey of domestic cannabis cultivation has been conducted, the DEA estimates that much of the marijuana consumed in the United States is grown domestically. Cannabis is frequently cultivated in remote locations and on public lands. Major outdoor cultivation areas are found in Tennessee, Kentucky, Hawaii, California, and New York. Significant quantities of marijuana are also grown indoors. The controlled environments of indoor operations enable growers to use sophisticated agronomic techniques to enhance the drug's potency. The majority of the marijuana in the United States comes from Mexico, much of it being smuggled across the southwest border. However, marijuana shipments from Colombia and Jamaica are increasing.

Marijuana production and distribution in the United States are highly decentralized. Trafficking organizations range from complex operations that import the drug, grow it domestically, and trade within the U.S., to individuals cultivating and selling at the retail level. High quality marijuana is widely available in all parts of the United States. Prices vary with quality and range from forty to nine hundred dollars per ounce.[57] Over the past decade, marijuana prices have dropped even as the drug's potency has increased.

Methamphetamine Availability. Domestic methamphetamine production and trafficking are concentrated in the western and southwestern regions of the United States. Clandestine methamphetamine laboratories operating within Mexico and California are primary sources of supply for all areas of the United States. Mexican polydrug trafficking groups dominate wholesale methamphetamine distribution in the United States, saturating the western U.S. market with high-purity methamphetamine. These groups have also become a source of supply for Hawaii, threatening to displace traditional Asian suppliers.

LSD Availability. LSD in retail quantity can be found in virtually every state, and availability has increased in some states. LSD production facilities are thought to be located on the West Coast in the northern California and Pacific Northwest areas. A proliferation of mail-order sales has created a marketplace in which distributors have no personal contact with buyers.

Availability of Other Drugs. PCP production is centered in the greater Los Angeles metropolitan area. Los Angeles-based street gangs, primarily the Crips, continue to distribute PCP to a number of U.S. cities through cocaine trafficking operations. MDMA — a drug related to methamphetamine and known by such street names as Ecstasy, XTC, Clarity, Essence, and Doctor — is produced in west Texas and on the West Coast. It is distributed across the country by independent traffickers through the mail or commercial delivery services. MDMA is often sold in tablet form with dosage units of 55 to 150 milligrams. Retail prices range from six to thirty dollars.[58]

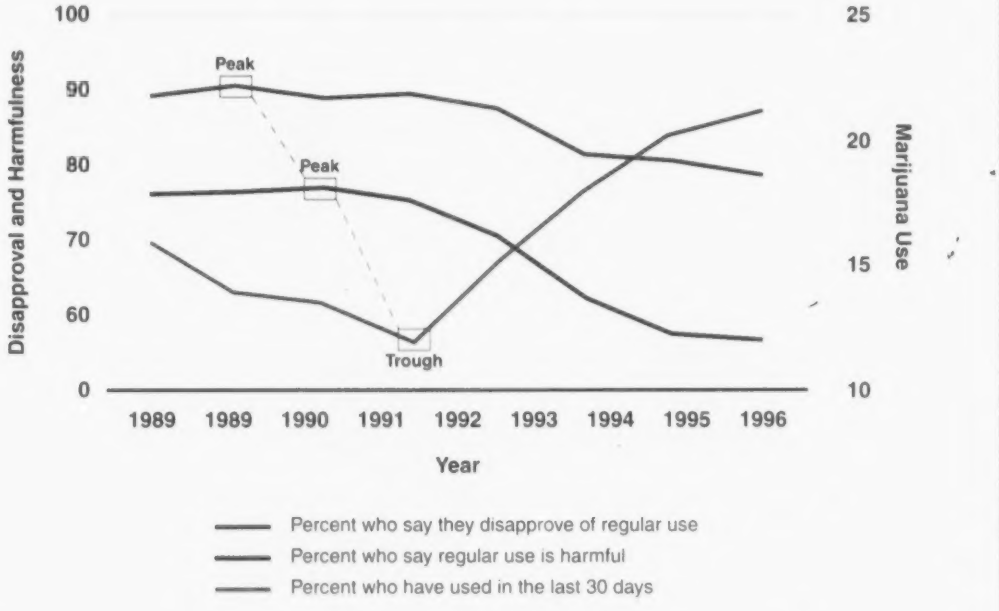
In 1995, an influx of flunitrazepam (Rohypnol) tablets reached the Gulf Coast and other areas of the United States. Manufactured legally by Hoffman-LaRoche in Colombia, Mexico, and Switzerland, Rohypnol has been reported to be combined with alcohol and cocaine, and is becoming known as the "date rape" drug. Illegal in the United States, it sells wholesale for a dollar a tablet and retail from $1.25 to three dollars a tablet.[59]

While Progress Has Been Made, More Remains to be Done.

We have made progress in our efforts to reduce drug use and its consequences in America. While America's illegal drug problem is serious, it does not approach the emergency situation of the late 1970s or the cocaine epidemic in the 1980s. Just 6 percent of our household population age twelve and over was using drugs in 1995, down from 14.1

Figure 2-11

Marijuana: Disapproval and Perceived Harmfulness of Regular Use Compared with Past 30 Day Use Among 12th Graders, 1996



Source: Monitoring the Future Study, University of Michigan, 1996

percent in 1979. Fewer than 1 percent were using cocaine, inhalants, or hallucinogens. The most-commonly-used illegal drug was marijuana, taken by 77 percent of drug users.[5]

As drug use became less prevalent through the 1980s, national attention to the drug problem decreased. The Partnership for a Drug-Free America suggests that an indicator or that decreased attention was the reduced frequency of anti-drug public service announcements (PSAs) on TV, radio, and in print media. Our children also dropped their guard as drugs became less prevalent and first-hand knowledge of dangerous substances became scarce. Consequently, disapproval of drugs and the perception of risk on the part of young people has declined throughout this decade. As a result, since 1992 more youth have been using alcohol, tobacco, and illegal drugs.

A disturbing study prepared by CASA suggests that adults have become resigned to teen drug use. In fact, nearly half the parents from the "baby-boomer" generation expect their teenagers to try illegal drugs.[6] Forty percent believe they have little influence over teenagers' decisions about whether to smoke, drink, or use illegal drugs. Both of these assumptions are incorrect. Parents have enormous influence over the decisions young people make.

We Must Act Now to Prevent a Future Drug Epidemic

The United States has failed to forestall resurgent drug use among children in the '90s. This problem did not develop recently. The 1993 *Interim National Drug Control Strategy* highlighted the problem of

rising drug use among American youth, quoting the 1992 *Monitoring The Future* study which found that eighth graders and college students were "... reporting higher rates of drug use in 1992 than they did in 1991. Further, fewer eighth graders in 1992 perceived great risk with using cocaine or crack than did eighth graders in 1991." The continuation of these trends has been substantiated by every significant survey of drug use since 1993.

Our challenge is to reverse these negative trends. America cannot allow the relapse we have experienced to signal a return to catastrophic illegal drug use levels of the past. The government has committed itself to that end; so have non-governmental organizations such as Community Anti-Drug Coalitions of America (CACDA); the Partnership for a Drug-Free America (PDFA); Columbia University's Center on Addiction and substance-abuse (CASA), the National Center for the Advancement of Prevention (NCAP), the Parent's Resource Institute for Drug Education (PRIDE), and many others. Working together, we can succeed.

Endnotes

1. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse* (Rockville, Md.: U.S. Department of Health and Human Services, 1996).

2. The Gallup Organization, *Consult with America: A Look at How Americans View the Country's Drug Problem, Summary Report* (Rockville, Md.: March 1996).

3. Substance Abuse and Mental Health Services Administration, Preliminary Estimates from the 1995 National Household Survey on Drug Abuse.

4. Rand Corporation, *Modeling the Demand for Cocaine* (Santa Monica, Calif.: Rand Corporation, 1994).

5. W. Rhodes, P. Scheiman, and K. Carlson, *What America's Users Spend on Illegal Drugs, 1988-1991* (Washington, D.C.: Abt Associates, Inc., under contract to the Office of National Drug Control Policy, 1993).

6. National Narcotics Intelligence Consumers Committee, *The NNICC Report 1995: The Supply of Illicit Drugs to the United States* (Washington, D.C.: Drug Enforcement Administration, August 1996).

7. Office of National Drug Control Policy, *Pulse Check, National Trends In Drug Abuse* (Washington, D.C.: Executive Office of the President, Spring 1996).

8. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse*.

9. *Ibid.*

10. National Institute of Justice, *1995 Drug Use Forecasting, Annual Report on Adult and Juvenile Arrestees* (Washington, D.C.: U.S. Department of Justice, 1996).

11. Office of National Drug Control Policy, *Pulse Check, National Trends In Drug Abuse* (Washington, D.C.: Executive Office of the President, Spring 1996).

12. Substance Abuse and Mental Health Services Administration, 1995 National Household Survey on Drug Abuse, unpublished data.

13. J.C. Merrill, K. Fox, S.R. Lewis, and G.E. Pulver, *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use* (New York, N.Y.: Center on Addiction and Substance Abuse at Columbia University, 1994).

14. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release (Ann Arbor, Mich.: University of Michigan, December 1996).

15. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse*.

16. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release.

17. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse*.

18. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release.

19. *Ibid.*

20. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse*.

21. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release.

22. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse*.

23. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release.

24. *Ibid.*

25. Dorothy P. Rice, Sander Kelman, Leonard S. Miller, and Sarah Dunmeyer, *The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985*, report submitted to the Office of Financing and Coverage Policy of the Alcohol, Drug Abuse, and Mental Health Administration (San Francisco, Calif.: Institute for Health & Aging, University of California, U.S. Department of Health and Human Services, 1990).

26. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the Drug Abuse Warning Network, 1995 Preliminary Estimates of Drug-Related Emergency Department Episodes*, Advance Report Number 17 (Rockville, Md.: U.S. Department of Health and Human Services, August 1996).

27. U.S. National Center for Health Statistics, *Alcohol and Drugs: Advance Report of Final Mortality Statistics, 1989*, *Monthly Vital Statistics Report, Vol. 40, No. 8, Supplement 2* (Hyattsville, Md.: U.S. Department of Health and Human Services, 1992).

28. Centers for Disease Control and Prevention, *Monthly Vital Statistics Report, Advance Report of Final Mortality Statistics, 1994*, Vol. 45, No.3., Supplement (Hyattsville, Md.: U.S. Department of Health and Human Services, September 30, 1996).

29. Centers for Disease Control and Prevention, *HIV and AIDS Trends, Progress in Prevention* (Hyattsville, Md.: National Center for Health Statistics, 1996).

30. 1994, *Drug Abuse Warning Network, Statistical Series, Series 1, No. 14-B, Annual Medical Examiner Data.*

31. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the Drug Abuse Warning Network, 1995 Preliminary Estimates of Drug-Related Emergency Department Episodes*, Advance Report Number 17.

32. National Institute on Drug Abuse, *1992-93 National Pregnancy & Health Survey: Drug Use Among Women Delivering Livebirths* (Rockville, Md.: U.S. Department of Health and Human Services, 1996).

33. *Ibid.*

34. L. Schrager, J. Joyce, and L. Cawthon, *Substance Abuse, Treatment, and Birth Outcomes for Pregnant and Postpartum Women in Washington State* (Olympia, Wash.: Washington State Department of Social and Health Services, 1995).

35. Office on Smoking and Health, *Preventing Tobacco Use Among Young People, A Report of the Surgeon General* (Rockville, Md.: Center for Disease Control and Prevention, U.S. Department of Health and Human Services, July 1994).

36. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse.*

37. American Cancer Society, *Facts About Children and Tobacco Use* (Atlanta, Ga.: American Cancer Society, 1997).

38. J.M. McGinnis and W.H. Foege, "Actual Causes of Death in the United States," *Journal of the American Medical Association*, Vol. 270, No. 18, (Chicago, Ill.: 1993), pp. 2207-2212.

39. Center for Substance Abuse Prevention (CSAP), *Teen Drinking Prevention Program* (Rockville, Md.: U.S Department of Health and Human Services, 1996).

40. National Highway Traffic Safety Administration, *Fatal Accident Reporting System* (Washington, D.C.: U.S. Department of Transportation, July 1996).

41. Center for Substance Abuse Prevention (CSAP), *Teen Drinking Prevention Program.*

42. J.C. Merrill, K. Fox, S.R. Lewis, and G.E. Pulver, *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use.*

43. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse.*

44. National Institute on Drug Abuse, *Research on Drugs and the Workplace: NIDA Capsule 24* (Rockville, Md.: U.S. Department of Health and Human Services, 1990).

45. Federal Bureau of Investigation, *Crime in the United States, 1995: Uniform Crime Reports* (Washington, D.C.: U.S. Department of Justice,1996).

46. National Institute of Justice, *Drug Use Forecasting, Annual Report on Adult and Juvenile Arrestees 1995.*

47. Bureau of Justice Statistics, *Prison and Jail Inmates at Midyear 1996* (Washington, D.C.: U.S. Department of Justice, January 1997).

48. Bureau of Prisons (Washington, D.C.: U.S. Department of Justice), unpublished data.

49. Bureau of Justice Statistics, *Correctional Populations in the United States, 1994*, (Washington, D.C.: U.S. Department of Justice, June 1996).

50. K. Maguire and A.L. Pastore, eds., *Sourcebook of Criminal Justice Statistics 1995* (Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice, 1996).

51. Bureau of Justice Statistics, *Comparing Federal and State Prison Inmates, 1991* (Washington, D.C.: U.S. Department of Justice, September 1994).

52. *Ibid.*

53. Federal Bureau of Investigation, *Crime in the United States: 1995: Uniform Crime Reports.*

54. Internal Revenue Service, unpublished data.

55. National Narcotics Intelligence Consumers Committee, *The NNICC Report 1995: The Supply of Illicit Drugs to the United States.*

56. *Ibid.*

57. *Ibid.*

58. *Ibid.*

59. Office of National Drug Control Policy, *Fact Sheet: Rohypnol* (Rockville, Md.: Drugs and Crime Clearinghouse, September 1996).

60. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse.*

61. Luntz Research Companies, *National Survey of American Attitudes on Substance Abuse II, Teens and Their Parents* (New York, N.Y.: Center on Addiction and Substance Abuse, September, 1996).

III. Strategic Goals and Objectives

The adverse consequences of drug use can be reduced by lessening the demand for illegal drugs or their availability. Neither approach, however, is sufficient by itself.

Demand Reduction

In a perfect world, eliminating the demand for illegal substances would unilaterally resolve the drug problem eventually, although in the short run we would still have the challenge of releasing the addicted from the grips of their habits. Absent demand, the impetus for the drug trade — profit — would disappear. So, too, would the social and health costs of drug abuse. In reality, there will always be a demand for drugs. Some portion of every population will continue to use illegal drugs to escape reality, experience pleasure, follow peer pressure, chase a misguided sense of adventure, or rebel against authority, among other self-destructive reasons. To counter these proclivities, prevention activities must forestall the use of illegal drugs, and education must convey that the consequences of illegal drug use represent too high a price to pay for such behavior.

Instruction about the dangers of drug abuse must be focused on the populations most in need of it — America's youth and their mentors. Research indicates that if a young person abstains from using illegal drugs, alcohol, or tobacco until at least age twenty, he or she will almost certainly avoid substance abuse for the remainder of his or her life. Surveys have established that many children abstain from using illegal drugs because an adult they respect — usually a parent but often a teacher, coach, religious or community leader — convinced them that using drugs was dangerous. Conversely, studies show that children who use drugs often lack appropriate adult guidance.

When properly informed, most Americans make sound decisions. The challenge is to ensure that our citizens understand that illegal drugs greatly harm both individuals and society. All of us need to recognize that drug use limits human potential. We must make a convincing case that the negative consequences of drug abuse far outweigh any perceived benefit.

We must expand programs that prevent drug use and treat individuals caught in the grip of dependency. The more we can foster drug-free environments — in schools, workplaces, and communities — the less drug-induced devastation will occur. For 3.6 million Americans caught in the grip of addictive drugs, we are committed to providing opportunities for recovery. Their effective rehabilitation would result in enormous social, economic, and health benefits. Whether those who become addicted are our families, neighbors, co-workers, the homeless or incarcerated, we must help them become drug-free so that they can enjoy full, productive lives.

STRATEGIC GOALS AND OBJECTIVES OF THE *1997 NATIONAL DRUG CONTROL STRATEGY*

Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

Objective 1: Educate parents or other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol, and tobacco use by youth.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Objective 7: Create a partnership with the media, entertainment industry, and professional sports organizations to avoid the glamorization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Objective 10: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Objective 1: Strengthen law enforcement -- including federal, state, and local drug task forces — to combat drug-related violence, disrupt criminal organizations, and arrest the leaders of illegal drug syndicates.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTAs) to counter drug trafficking.

Objective 3: Help law enforcement to disrupt money laundering and seize criminal assets.

Objective 4: Develop, refine, and implement effective rehabilitative programs — including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons — at all stages within the criminal justice system.

Objective 5: Break the cycle of drug abuse and crime.

Objective 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Goal 3: Reduce health and social costs to the public of illegal drug use.

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize drug testing as a key component of a comprehensive program that includes education, prevention, and intervention.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Objective 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Goal 4: Shield America's air, land, and sea frontiers from the drug threat.

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the southwest border, Puerto Rico, and the U.S. Virgin Islands.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.

Objective 4: Support and highlight research and technology — including the development of scientific information and data — to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Goal 5: Break foreign and domestic drug sources of supply.

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure of associated assets.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Supply Reduction

Since a permanent though varying demand for illegal drugs is likely to persist, we must reduce the supply of available drugs. History has demonstrated that the more plentiful drugs are, the more they will be used. Conversely, the less available drugs are, the fewer people use them. Therefore, we should cut the supply of drugs to our citizens. Drug availability can be decreased by operating against every link in the drug chain from cultivation to production and trafficking. Drug crop cultivation must be addressed both domestically and abroad. Drugs must be interdicted while in transit. The diversion of precursor chemicals must be prevented. Illicit profits must be traced to their criminal sources and, where possible, seized. Trafficking organizations must be broken. Because drug trafficking is fundamentally a profit-oriented enterprise, attacking the economics of every aspect of the illegal drug industry offers a way to reduce drug availability. Interdiction must continue to be a vital component of a balanced supply-reduction effort. Effective interdiction efforts require flexible, in-depth, intelligence-driven operations. Bilateral, multilateral, regional, and international cooperation is critical to the success of any interdiction campaign.

Essential to the reduction of drug availability is the continued development of law enforcement protocols and organizations that can move effectively against sophisticated trafficking organizations. Bilateral and multilateral agreements with foreign governments and cooperation among regional organizations are important when confronting international criminal organizations. Our targets must be the international and domestic drug organizations responsible for the bulk of drug trafficking. We must prevent the introduction of illegal drugs into the United States by shielding our borders and ports of entry, unilaterally where necessary and multilaterally where possible.

Moreover, our activities beyond U.S. borders must recognize that demand for illicit drugs anywhere sustains global supply and traffic that are difficult to exclude from any single country. For this reason, and in compliance with our obligations under international drug control treaties, our cooperation with other countries includes the exchange of information, expertise, and assistance to reduce consumption of illicit drugs in other countries.

While seeking to reduce drug availability, we must respect the rule of law and sovereignty of our partners. Our objective should be to constrain the activities of criminal drug organizations in all aspects of the drug trade and progressively drive them out of business. No dimension of their operations should be immune from counteraction.

Organizational Structures

In order for demand and supply initiatives to work, they must be supported by appropriate organizational structures (including comprehensive, coordinated, community-based strategies) and intergovernmental (federal, state, and local) coordination. Information on which drug policy decisions are based must be timely, accurate, and available to all drug control agencies. Initiatives should be supported by research and the application of emerging technologies. Specific operations must be supported by good intelligence that both anticipates drug trafficking efforts and allows for their criminal prosecution.

We are a great nation with tremendous capacity for organizational innovation and focused commitment of integrated, systemic, problem-solving initiatives. However, we are up against ruthless elements that threaten to undermine our social fabric and harm our citizens. By thoughtful, creative, and energetically-applied programs, we can overcome virtually any challenge.

Drug abuse is insidious. The criminal organizations that traffic in drugs are sophisticated, determined, and indifferent to the destructive impact their merchandise has on our communities. But drug dealers can be bested by integrated efforts to pull our citizens back from the abyss of drug abuse.

Goals and Objectives

The following goals and objectives establish a framework for all national drug control agencies. They are intended to orient the integrated activity and budgets of all governmental bodies and private organizations committed by charter or inclination to reducing drug use and its consequences in America. Over the long term, these goals should remain relatively constant. The supporting objectives allow for measurable progress and can be modified as success is achieved or new challenges emerge.

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS ALCOHOL AND TOBACCO.

Objective 1: Educate parents or other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Rationale. Values, attitudes, and behavior among our youth are forged by families and supportive communities. Youth alcohol, tobacco, and drug prevention programs are most successful when parents and other concerned adults are involved. We must provide adult role models with the information and resources they need to educate young people about the potential consequences of drug use.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol, and tobacco use by youth.

Rationale. Anti-drug messages conveyed through multiple outlets have proven effective in increasing knowledge and changing attitudes about drugs. The trend over the past six years of adolescents' decreased perception of risk connected to drug use correlates with a drop in the frequency of public service announcements. Private sector and non-profit organizations' anti-drug publicity must be reinforced by government-funded campaigns to change attitudes held by young people about alcohol, tobacco, and drugs.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Rationale. Children are less likely to use illegal drugs or illicit substances if such activity is proscribed throughout society. Schools, workplaces, sports, and communities have already demonstrated the will and ability to reduce drug-usage rates. Such success must be enlarged by concerted efforts that involve multiple sectors of a community working together to implement strategic and focused programs.

Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.

Rationale. Schools are critical to motivating children to abstain from alcohol, tobacco, and illegal drugs. Drug education must reach ever-increasing numbers of youngsters, delay the age of initiation, and convince young people who use illegal substances to stop.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Rationale. Children listen most to adults they know and love. Mentorship programs contribute to the formation of respectful adult-youth bonds that can help youth resist the false seduction of drugs.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Rationale. Communities are logical places to form public-private coalitions that can influence youth attitudes about drugs, alcohol, and tobacco abuse. More than 4,300 coalitions are already pulling together the efforts of multiple sectors of their communities (e.g., business, criminal justice institutions, civic organizations, faith community, media, medicine, law enforcement, schools, and universities) and have formed comprehensive and inclusive prevention, education, treatment, law enforcement, and after-care strategies.

Objective 7: Create a partnership with the media, entertainment industry, and professional sports organizations to avoid the glamorization of illegal drugs and the use of alcohol and tobacco by youth.

Rationale. Discouraging drug use depends on factual anti-drug messages delivered consistently throughout our society. The media, the entertainment industry, and professional athletes can provide positive role models to reinforce prevention efforts by conveying accurate information about the benefits of staying drug-free.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Rationale. Drug policy must be based on science, not ideology. The American people must understand that regulating the sale and use of dangerous drugs makes sense from a public health perspective.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Rationale. The educational and emotional needs of young people change with age, the presence of specific risk factors, and from community to community as new generations of young people come of age and different drug challenges emerge. Developing and implementing national research-based principles can help increase the effectiveness of ongoing drug prevention programs.

Objective 10: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Rationale. Prevention programs must be based on what has been proven to be effective. We must influence youth attitudes and actions positively and share techniques for doing so with other concerned organizations.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND VIOLENCE.

Objective 1: Strengthen law enforcement — including federal, state, and local drug task forces — to combat drug-related violence, disrupt criminal organizations, and arrest the leaders of illegal drug syndicates.

Rationale. Dismantling sophisticated drug trafficking organizations can be enhanced by a task-force approach. Criminal organizations exploit jurisdictional divisions and act across agency lines. Promoting inter-agency cooperation and facilitating cross-jurisdictional operations will make law enforcement more efficient.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTA) to counter drug trafficking.

Rationale. Areas need special assistance when drug trafficking is of such intensity that it poses extreme challenges to law enforcement agencies. Reinforcing joint federal, state, and local responses to such situations with federal resources can enable drug-related crime to be reduced.

Objective 3: Help law enforcement to disrupt money laundering and seize criminal assets.

Rationale. Targeting drug dealer assets can take profitability out of the illegal drug market. Law enforcement efforts are most effective when backed by anti-money laundering regulations

and support from the financial sector (banks, brokerage houses, and other financial institutions) as well as multilateral international protocols criminalizing the movement and laundering of drug proceeds.

Objective 4: Develop, refine, and implement effective rehabilitative programs — including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons — at all stages within the criminal justice system.

Rationale. The majority of heavy drug users come in contact with the criminal justice system each year. This interface provides the opportunity to motivate addicts to stop using drugs.

Objective 5: Break the cycle of drug abuse and crime.

Rationale. Our nation has an obligation to assist all who are in the criminal justice system to become and remain drug-free. Recidivism rates among inmates who were given treatment are lower than for prisoners who received no treatment. Drug courts and other treatment programs within the criminal justice system are already proving their effectiveness. By reducing drug usage and addiction among persons in or leaving the criminal justice system, crime will be reduced.

Objective 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Rationale. Law enforcement programs and policies must be informed by updated research. When success is attained in one community or city, it should be analyzed quickly and thoroughly so that lessons learned can be applied elsewhere.

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE.

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Rationale. American citizens and society at large are debilitated by drug abuse. Illness, dysfunctional families, and reduced productivity are costly byproducts of drug abuse. Drug treatment that is efficient and widely available is a sound, cost-effective method of reducing the health and societal costs of illegal drugs.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Rationale. Drug users, particularly those who inject illegal drugs, put themselves and their partners at serious risk. Consequently, drug users and their partners have higher rates of infectious diseases like HIV/AIDS, hepatitis, syphilis, gonorrhea, and tuberculosis.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize drug testing as a key component of a comprehensive program that includes education, prevention, and intervention.

Rationale. Seventy-one percent of current illicit drug users age eighteen and older are employed. Drug users decrease workplace productivity. The workplace is one of the venues where expanded drug-testing, prevention, education, and treatment programs can reach most drug users and where the consequences of drug use can be felt directly.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Rationale. Many community-based treatment providers currently lack professional certification. The commitment and experience of these

workers should be reflected by a flexible credentialing system that recognizes effectiveness even as professional and educational standards are being developed and implemented.

Objective 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Rationale. The more we understand about the neurobiology of drug addiction, the better is our capability to design interventions. Pharmacotherapies may be effective against cocaine, methamphetamine, and other addictive drugs. Research and evaluation may broaden treatment options, which currently include detoxification, counseling, psychotherapy, and participation in self-help groups.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Rationale. Efforts to reduce the cost of drug abuse must be based on scientific data. Therefore, national, state, and local leaders should be given accurate, objective information about the effectiveness of treatment programs.

GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA FRONTIERS FROM THE DRUG THREAT.

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Rationale. Our ability to interdict illegal drugs is challenged by the volume of drug traffic and the ease with which traffickers have switched modes and routes. Efforts to interrupt the flow of drugs must be supported by timely and predictive intelligence that is well-coordinated and responsive to changing trafficking patterns.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the southwest border, Puerto Rico, and the U.S. Virgin Islands.

Rationale. Recent years have seen a heavy incidence of illegal drug flow across the southwest border, in contiguous waters, and from Puerto Rico and the Virgin Islands. We need to focus our efforts in these places — without neglecting other avenues of entry — by improving intelligence and information-guided operations that allow us to interdict effectively, retain the initiative, and curtail the penetration of drugs into the United States.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.

Rationale. Mexico— both a transit zone for cocaine and heroin and a source country for heroin, methamphetamine, and marijuana — is key to reducing the drug flow into the United States. So too are the island nations of the Caribbean. The more we can work cooperative arrangements and operations with these countries to enhance the rule of law, the better we can control the flow of illegal drugs. Mutual interests are best served by mutual commitment to reduce drug trafficking.

Objective 4: Support and highlight research and technology — including the development of scientific information and data — to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Rationale. Scientific research and applied technologies offer us significant opportunity to interdict the flow of illegal drugs. The more efficient and reliable our detection, monitoring, and search capabilities, the more likely we are to turn back or seize illegal drugs. Research and technology applications must be undertaken with a view toward systematic defeat of drug trafficking efforts.

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY.

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Rationale. Gaining control over the cultivation and production of illegal drugs is key to supply reduction efforts. Cocaine and heroin supply can be easily targeted during cultivation and production. Cultivation requires a large labor force working identifiable coca and opium poppy fields while production requires a large volume of precursor chemicals.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Rationale. Large international trafficking organizations are responsible for the majority of drug trafficking. They also pose enormous threats to democratic institutions. Their financial resources can corrupt all sectors of society. By breaking them up, we can deny them the economies of scale that have enabled them to be so successful. We can also reduce the damaging effects of drug-related and other transnational crime on our own and other countries' institutions and societies.

Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Rationale. The success of international drug control efforts hinges on the actions of major drug producing and trafficking countries. The United States must continue assisting countries like Mexico, Peru, and Thailand that demonstrate the political will to attack illegal drug production and trafficking. We must seek to develop the political will and institutional capabilities to reduce drug crop cultivation, drug production, and trafficking in all countries where they are in evidence.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Rationale. Drug production, trafficking, and abuse are not solely U.S. problems. The scourge of illegal drugs damages social, political, and economic institutions in developed and developing countries alike. The United States must continue to provide leadership and assistance so that an international anti-drug consensus can be formed. Encouraging other nations to stand up against the threat of illegal drugs is in America's interest.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure of associated assets.

Rationale. Drug traffickers depend on the international financial system to launder illegal drug profits for the ultimate purpose of investing in legal enterprises. Money laundering can be stopped through financial and monetary controls, adoption of international standards, and collaborative investigations.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Rationale. Research must focus on more effective and environmentally sound methods to eliminate crops and move the cultivators of illicit drugs to legal pursuits. We must also find ways to refine our measurements of drug production around the globe. Technology can be used to detect and monitor drug shipments and prevent the diversion of precursor chemicals.

Measures of Effectiveness

With this strategy we undertake a long-term approach to the solution of the nation's drug

problem. If we are to ensure that progress is being made, measuring success along the way is an imperative. It is for this reason that the Office of National Drug Control Policy and the drug control agencies are establishing a national performance system to measure progress of major drug programs supporting the *National Drug Control Strategy*, provide feedback for strategy refinement and system management, and assist the Administration in resource allocation.

A measurement system to monitor more than $15 billion in drug programs that shape counterdrug activities across the United States and around the world is a major undertaking and will take several years to put in place. The task, however, is already underway. The Office of National Drug Control Policy has established a new program evaluation office to oversee the design and implementation of the new system. It has developed an architecture for assessing the performance of national counterdrug activities and has initiated efforts to collect, analyze, and report major program performance on an annual basis. In concert with participating agencies, the Office of National Drug Control Policy will develop this fiscal year a first set of targets and measures for congressional review. Each year thereafter, the Administration will adjust the performance targets and measures and modify the reporting systems needed to measure them.

The measurement system will be dynamic, flexible, and responsive as the drug threat changes and our knowledge of how to measure counterdrug activity improves. While no single measure will indicate conclusively the progress achieved, the measurement system as a whole will provide policy makers and managers with new insight about which programs are effective and which are not. It will, therefore, help to guide adjustments to the strategy as conditions change, expectations are met, or failure is noted.

IV. A Comprehensive Approach

The key to a successful long-term strategy is mobilizing resources toward the systematic achievement of established goals. This chapter summarizes the key initiatives undertaken to decrease drug use and its consequences in America. More detailed information about specific departmental or agency programs can be found in Book II of this *Strategy*.

1. YOUTH-ORIENTED INITIATIVES

The *National Drug Control Strategy* focuses on youth for both moral and practical reasons. Children are the innocents of our society. Physically and emotionally vulnerable to environment, they are nurtured if care is available, bruised if unprotected. As youngsters grow, they learn what they are taught, see what they are shown. Ultimately, adolescents adopt the expectations and values held dear by people they love.

With experience, youth become the stewards of tomorrow. In turn, they raise their own children, lead communities, and conduct the business of America. If we can bring teens to adulthood free of substance abuse, they will bequeath to themselves and our nation limitless potential. In the promise of youthful dreams, the ideals of democracy are realized.

If boys and girls grow to maturity without using illegal drugs, alcohol, or tobacco, they are likely to remain drug-free for the rest of their lives. Rarely does a person begin drug abuse after the age of twenty. Our intention, therefore, is to raise children who recognize toxic, addictive substances as alien, self-destructive, and anti-social.

To this end, the *Strategy* fosters initiatives to educate children, parents, and mentors. We seek to mobilize civic and anti-drug organizations, businesses, and communities that have the best interests of children at heart. We must establish drug-free environments, restrict youth access to alcohol and tobacco products, and treat individuals already caught up in the throes of substance abuse. To achieve these ends, we draw upon the following sources:

- Social influences like families and friends as well as the pervasive power of the media, which collectively affect young people through words, actions, and narrative portrayal of specific activities.

- Personal qualities like confidence, self-control, wisdom, and responsibility — which mitigate against illegal drugs; versus insecurity, carelessness, selfishness, and risk-taking — which promote the abuse of power, people, and substances.

- Community and societal norms and values that can reinforce family and school-based prevention efforts.

Substance abuse among children is a complex, multidimensional problem. Nonetheless, it is a problem that can be affected by concerted and sustained action. This *Strategy* proposes a comprehensive, long-term approach designed to mobilize and leverage federal and state resources and to raise awareness through well-coordinated initiatives allowing the vast majority of our youth to mature drug-free. These initiatives include:

Broadening "Drug-Free Zones"

Young Americans are more likely to use illegal drugs, alcohol, and tobacco if these substances are readily available or if their use is encouraged directly or subtly in youth-oriented materials. It is therefore critical to keep drugs out of areas where children and adolescents study, play, or spend leisure time. All who seek to communicate with our youth, no matter what the medium, must depict these substances and effects in accurate ways. The federal Drug-Free Schools and Communities Act, restrictions on tobacco and alcohol advertising, and voluntary limitations on audio and video content are examples of ways in which drugs and pro-drug messages are already being kept away from young Americans. Youth organizations such as the ASPIRA, Boys and Girls Club, parent-teacher associations, the scouts, YMCA, YWCA, Big Brothers, Big Sisters, and others can help in this effort.

Expanding School-Based Prevention Programs that Work

Schools offer both formal and informal opportunities for developing youth attitudes toward drugs. In the classroom, students can receive accurate, comprehensive information that will help them understand the importance of avoiding illicit drugs, alcohol, and tobacco. In cases where substance abuse has occurred, these programs can teach students why they should discontinue drug use before the onset of dependency. These programs must be comprehensive and focus on reducing risk factors; teaching avoidance skills; and building collaborative anti-drug relations between students, teachers, and parents. The Drug Awareness Resistance Education program (D.A.R.E.), and the Bureau of Alcohol, Tobacco, and Firearms' Gang Resistance Education and Training programs are example of school-based programs.

The Department of Education has focused on two primary goals: improving the quality of drug and violence prevention programming and changing the attitudes of students and parents regarding illicit use of alcohol and drugs. It will reinstate the Safe and Drug-Free School Recognition Program, promote and provide incentives to schools for prevention programs, develop a long-term demonstration program to test promising drug and violence prevention strategies, and provide literature to parents for raising drug-free children.

Expanding Youth-Oriented Anti-Drug Messages

The power of the media in developing public opinion is enormous. Young people are particularly susceptible to such influences. Unfortunately, in recent years the number of drug-related public service announcements carried by television, radio, and print media have decreased markedly. We seek to reverse this trend by developing a public education campaign that supplements anti-drug announcements already offered by dedicated organizations like the Partnership for a Drug-Free America and the National Center for Advancement and Prevention. Youth will be warned about the hazards of illegal drugs and shown the advantages of a drug-free lifestyle. Information-based material will be repeated with sufficient frequency to reinforce learning and motivate youth to reject illegal drugs.

Preventing Alcohol Use by Youth

Underage drinking continues to be a significant problem. Approximately one in four tenth grade

students and one third of twelfth graders report having had five or more drinks on at least one occasion in the last two weeks.[1] The average age of first drinking is declining and is now 15.9 years, down from a 1987 average age of 17.4 years.[2] To counter these alarming statistics, the *Strategy* recommends educating youth, their mentors, and the public about the dangers of underage drinking; limiting youth access to alcoholic beverages; encouraging communities to support alcohol-free behavior on the part of youth; and creating both incentives and disincentives that lead to less alcohol abuse by young people. States are urged to enact zero-tolerance laws to reduce drinking and driving among young people. Licenses for driving and for the sale of alcoholic beverages must be contingent on keeping our young safe from alcohol-induced dangers. Organizations like Mothers Against Drunk Driving and Students Against Driving Drunk are encouraged to continue their efforts.

Preventing Tobacco Use by Youth

Despite a decline in adult smoking, the use of tobacco products is on the rise among American youth. In 1995, more than a third of high school seniors were current cigarette smokers — a greater number than at any time since the 1970s.[3] The vast majority of smokers (over 80 percent) start smoking before age eighteen.[4] Every day three thousand more children become regular smokers; one third of these youngsters will have their lives shortened as a result.[5] The statistical correlation between tobacco and drug abuse is high. Youths aged twelve to seventeen who smoke are about eight times more likely to use illicit drugs and five times more likely to drink heavily than non-smoking youth.[6] Of adults who use cocaine, 83 percent identify cigarettes as a gateway drug.[7] We seek to reduce children's access to tobacco products, diminish the appeal of cigarettes for young people, and educate youth about the lethal effects of tobacco. Organizations like the National Center for Tobacco-Free Kids are already doing much to educate young Americans about the dangers of both smoked and smokeless tobacco products.

Collaborating with the Media and Entertainment Industries

Youth, perhaps even more than the public at large, are affected by the icons of our society. The glamour of Hollywood movies, the charisma of celebrities, the perceived-proximity of television stars, the prowess of accomplished athletes, and the artistry of musicians all sway young people's emotions. The performances and lifestyles of public figures impress young people, who emulate the heros they admire. The creative talent of the entertainment industries can depict drug use and its consequences accurately, thereby increasing the perception of risk that young people associate with illegal drugs, alcohol, and tobacco. A greater appreciation for the relationship between creativity and social responsibility will help protect America's youth from substance abuse.

Involving Corporate America

The business sector and public relations organizations can join the common cause of mobilizing resources to reach America's young. Target companies will be leaders in youth market products, services, and entertainment. They will be encouraged in the presentation of youth-oriented messages in favor of health and against substance abuse.

Promoting Media Literacy

Youngsters need the requisite skills to evaluate the messages they are receiving from music, film, advertising, and other media that attempt to influence their attitudes toward drugs, tobacco, and alcohol. In the Information Age, media literacy is an important tool — particularly for adolescents who have gained enough independence to make decisions and bear the consequences. Media literacy teaches critical thinking so that viewers are able to interpret the content of what they are viewing and hearing. This skill empowers individuals to modify their own internal environment by affecting the way they see pictures and hear slogans, jingles, and music in context. Youth men-

tors — parents, teachers, coaches, and spiritual leaders — will be assisted in imparting media literacy to the young.

Reducing Drugged Driving

Twenty percent of high school seniors stated that they have smoked marijuana in a car.[7] The initiative on drugs, driving, and youth is intended to reduce drug use by young people as well as general driving under the influence of drugs. The major features of this initiative, which affect both young and adult drivers, are:

- **Drug testing driver's license applicants** — A demonstration program. Drug testing, in conjunction with application for driver's licenses, will send the message that drugs and driving don't mix. The program will also identify youth who should be referred to drug assessment and treatment. This demonstration program will be run in several states over the next two years to determine the effectiveness of this concept.

- **State incentive grants** to improve individual states' drugged-driving laws. States will receive federal funding as they enact and enforce specified laws (for example, making illegal driving under the influence of illicit drugs).

- **Prevention and education.** Model educational materials on the health risks of drug use, the negative effects of drugs on driving, and sanctions for drugged driving and other drug offenses will be developed. These materials will be distributed to states as well as traffic safety and prevention groups.

2. INITIATIVES TO REDUCE DRUG-RELATED CRIME AND VIOLENCE

The social ruin fostered by drug-related crime and violence mirrors the tragedy that substance abuse wreaks on individuals caught in its tentacles. The psychological, civic, and economic consequences of illegal drugs and their trade lead to disruptive, volatile, anti-social behavior. Significant percentages of domestic violence cases are tied to the use of illegal drugs — especially methamphetamine, which induces violent, erratic, and abusive behavior. A large number of the twelve million property crimes committed each year are drug-related as are almost two million violent crimes.[8]

Although the United States cannot hope to arrest its way out of the drug abuse problem, incarceration is entirely appropriate for many drug-related crimes. There must be strong incentives to stay clear of drug trafficking, and prison sentences can motivate people to obey the law. We are a nation wedded to the prospect of equal justice for all. For laws to be effective, they must be seen as equitable. Punishment must be put on a par with the offense.

Drug-related crime — as well as the price it extracts from our citizens — is intolerable. Americans from every social and economic background, every racial and ethnic group, and every locale remain deeply concerned about the nexus between drugs, crime, and violence. We are taking steps to break the cycle of drug-related criminal activity and have initiated a "Break the Cycle" demonstration in Birmingham, Alabama. This program responds systematically to the problems of chronic drug use through the integrated application of testing, assessment, referral, treatment, supervision, criminal justice oversight, and graduated sanctions for non-compliance. The intent is to bring the individual back as a contributing member of the community. The program will be expanded to other locations.

Supporting Law Enforcement

We are a nation of laws. The philosophies embodied in the U.S. Constitution and expressed in our national values are steeped in high regard for the better nature of human beings. We are also a realistic and practical people. We know that there are among us predators who will target the weak and unprotected, the misguided and uninformed. Against this threat we have designed an entire justice system that protects the rights of both the individual and society.

Community Policing

Our police forces are the first line of defense against criminals. These men and women in uniform exhibit supreme dedication, and they suffer on a daily basis from the risks associated with tackling violent crime — much of it induced by drugs. In 1996, 117 police officers were killed in the line of duty;[10] 162 were killed in 1995.[11] In 1994, 3,168 police officers were assaulted with firearms; 1,513 were attacked with knives or other cutting instruments; 7,210 with other dangerous weapons; and 53,021 with personal weapons (e.g., hands, feet, head, teeth).[12] We owe all law enforcement officers a vote of thanks for their professionalism and courage.

The more we can link law enforcement with local residents in positive ways that create trusting relationships, the more secure our communities will be. Community policing is an operational philosophy for neighborhood problem solving in which officers interact with residents on an ongoing basis in order to focus on matters of public concern. Law enforcement concentrates on issues that make citizens feel insecure. Resources provided by the Community Oriented Policing Services (COPS) program are bringing 100,000 new police officers onto the streets. This addition will reinforce efforts in place that are already reducing the incidence of drug-related crime in America.

Integrating Federal, State, and Local Efforts

In unity there is strength. The more that agencies and operations reinforce one another, the more they share information and resources; the more they "deconflict" operations; isolate priorities; and focus energies across the spectrum of criminal activities; the more effective will be the outcome of separate activities. Nationally as well as regionally, various federal agencies, state organizations, and local activities have joined forces to achieve greater results.

Byrne Grants, for example, provide financial support to multi-jurisdictional task forces, demand-reduction education programs involving law enforcement officers, and other programs to control drug abuse and violent crime. Organized Crime Drug Enforcement Task Forces (OCDETF) are reorganizing regions to respond more effectively to changing drug trafficking patterns and enhance communication and coordination. Within each region, the United States Attorneys and Special Agents-in-Charge address broader drug trafficking issues and formulate aggressive strategies for strengthening federal, state, and local law enforcement. Greater attention, expertise, and resources will be brought to bear against criminal organizations responsible for the majority of drugs and violence in our country. The Bureau of Alcohol, Tobacco, and Firearms' Achilles Program is an important mechanism for fostering task force approaches to drug law enforcement.

Coordination is also facilitated by another federal initiative, the High Intensity Drug Trafficking Area (HIDTA). This program designates geographic areas to which federal resources are allocated to link local, state, and federal drug enforcement efforts. Continued Department of Defense support of HIDTAs through personnel details, integration of National Guard counterdrug activities, and support of counterdrug activities along the southwest border is important to the success of this program. Properly targeted, HIDTA offers greater efficiency in countering illegal drug trade in local areas. HIDTA programs will be based on a logical, comprehensive methodology for prioritizing needs and working with other initiatives.

Disrupting Money Laundering

Drug trafficking organizations exist to make a profit. They cannot sustain operations without revenue. The laundering of drug profits, in local and world economies, can produce national economic results that often work to the detriment of industrial, manufacturing, and financial institutions. Huge drug profits infiltrate an economy, often making it less competitive in the world market. Resources will be directed toward identifying and disrupting flows of drug proceeds through the

financial system, tracking illicit assets to their criminal sources, and confiscating ill-gained assets. These forfeitures deprive traffickers of illegal proceeds and aid in the destruction of criminal organizations. Law enforcement and regulatory agencies will work together and with the private sector to stop money laundering and prevent financial institutions from being used to move drug proceeds. Given the ever-increasing sophistication of drug traffickers in using digital telephony, high-tech communications, and encryption devices, our own operations will be integrated and enhanced.

Within the United States, federal agencies are operating in concert with state and local officials to streamline operations. Abroad, the United States is working through international agencies and bilateral and multilateral agreements as well as cooperative arrangements to disrupt money laundering schemes. The U.S. is also working through bilateral and multilateral initiatives to promote the adoption of effective anti-money laundering controls by other nations.

Applying Economic Sanctions Against Traffickers and Associates

The International Emergency Economic Powers Act (IEEPA) is a useful tool for defeating drug traffickers. The President issued an IEEPA executive order in October 1995 imposing economic sanctions against Colombian drug cartels and those doing business with them. In the past year, an additional 276 businesses and individuals were identified as Specially-Designated Narcotics Traffickers (SDNTs) belonging to the Cali cartel. Currently, 359 foreign companies and individuals are denied access to the U.S. financial system and the benefits of trade with America under the provisions of the IEEPA Act. Colombia's banks have supported these U.S. actions by refusing services to SDNTs and closing their accounts.

Linking Criminal Justice and Treatment Systems

Drug use is pervasive among individuals entering the criminal justice system, which has been strained by high rates of recidivism among drug offenders. Approximately half of felony drug offenders on probation in 1986 were rearrested for another felony within three years.[13] For parolees with histories of heroin and/or cocaine addiction, studies suggest that up to 75 percent return to drug use within ninety days of release.[14] In a 1992 comparative study conducted in Delaware, inmates who received treatment in prison and during work release programs were 75 percent drug-free and 70 percent arrest-free after eighteen months. But 80 percent of the prisoners who did not receive treatment went back on drugs, and two out of three were arrested again.[15]

Drug treatment in the criminal justice setting can decrease drug use and criminal activity, reduce recidivism, and improve chances for subsequent employment while improving overall health and social conditions. Consequently, the 104th Congress passed legislation requiring states to drug test prisoners and parolees as a condition for receiving prison grants. States have until March 1, 1998 to develop and submit to the Attorney General comprehensive drug testing and sanction plans for prisoners and parolees. States that do not meet this requirement will be ineligible for prison funds.

The *Strategy* encourages drug treatment and education for prisoners, expanded use of drug courts that offer incentives for drug rehabilitation in lieu of incarceration, and integrated efforts to rid criminals of drug habits. The coercive power of the criminal justice system can be used to test and treat drug addicts arrested for committing crimes. Drug use while under supervision of the justice system should not be tolerated.

Expanding Alternatives to Incarceration

Alternative judicial processes have demonstrated that they can motivate non-violent offenders to abandon drug-related activities and lower recidi-

vism rates. More than two hundred drug courts around the country and community programs like Treatment Accountability for Safer Communities are already helping non-violent offenders break the cycle of drugs and crime. These programs feature close supervision, mandatory drug testing and treatment, reinforced by escalating sanctions for offenders who fail to become drug-free. The programs promise to reduce incarceration costs while providing strong incentives to abide by the law. Such alternative approaches will be expanded.

Reducing the Number of Chronic Drug Users

Chronic drug users are at the heart of America's drug problem. Two-thirds of the nation's supply of cocaine is consumed by about 20 percent of the drug-using population.[16] Chronic users maintain drug markets and keep drug traffickers in business. Not only are these drug users responsible for a disproportionate amount of drug-related crime, they are frequently vectors for the spread of infectious diseases like hepatitis, tuberculosis, and HIV. We have developed initiatives to identify chronic drug users, targeting "break-the-cycle" efforts on addicts caught up in the criminal justice system. By focusing on 3.6 million chronic drug users in America,[17] we can lessen the national demand for drugs at the retail level while helping this suffering group recover.

3. INITIATIVES TO REDUCE HEALTH AND SOCIAL PROBLEMS

Drug dependence is a chronic disorder that exacts an enormous cost on individuals, families, businesses, communities, and nations. Drug-dependent individuals have, to a certain extent, lost their ability to resist drugs, often resulting in self-destructive and criminal behavior. Effective treatment programs can help individuals end dependence on addictive drugs, thereby reducing consumption. In addition, such programs can reduce indirectly the consequences of addictive drug use on the rest of society.

Treatment options include therapeutic communities, pharmacotherapies, outpatient drug-free programs, inpatient hospitalization, therapy-based (or psychiatric inpatient) programs, twelve-step programs, and multi-modality programs. The effectiveness of each method is a function of the type of substance, individual history of abuse and treatment, personality, and social environment. Providing treatment for 3.6 million chronic users of illegal drugs is a compassionate and economically-sound proposition.

A 1992 California Department of Alcohol and Drug Programs survey ("CALDATA" study) of the effectiveness, benefits, and cost of substance abuse treatment underscores this conclusion.[18] The principal findings were that:

- **Treatment can generate a seven to one return on investment.** The study estimated that the $209 million cost of providing treatment to 150,000 individuals generated an estimated $1.5 billion in savings (mostly due to reduction in crime).

- **Treatment reduces drug use.** Illegal drug use by participants dropped by 40 percent as a result of treatment.

- **Treatment reduces drug-related illness.** Hospitalization rates dropped by a third after treatment.

- **Post-treatment criminal activity correlates with the length of treatment programs.** While overall criminal activity of surveyed individuals dropped by two-thirds after completion of treatment, the greater the time spent in a treatment program, the greater the reduction in individual criminal activity.

- **Treatment can be effective for all.** All populations — men and women, young and old, African-American, Hispanic, and white — experienced generally equal treatment effectiveness for each type of program studied.

The 1992 CALDATA findings were corroborated by the 1996 National Treatment Improvement Evaluation Study's conclusions that:[19]

- **Treatment reduces drug use.** Clients reported reducing drug use by about 50 percent in the year following treatment.

- **All types of treatment programs can be effective.** Methadone maintenance programs, non-methadone outpatient programs, and both short and long-term residential programs demonstrated an ability to reduce drug use among participants.

- **Criminal activity declines after treatment.** Reports of "beating someone up" decreased from 49.3 to 11 percent, and reports of arrests decreased from 48.2 to 17.2 percent comparing the year before with the year following treatment.

- **Health improves after treatment.** Substance abuse-related medical visits decreased by more than 50 percent and in-patient mental health visits by more than 25 percent after treatment. So, too, did risk indicators of sexually-transmitted diseases.

- **Treatment improves individual well-being.** Following treatment, employment rates increased while homelessness and welfare receipts both decreased.

Our challenge is to help the 3.6 million Americans who are chronic users of illegal drugs to overcome their dependency so that they can lead healthy and productive lives and so that the social consequences of illegal drug abuse are lessened. Initiatives to achieve these ends include:

Lowering Entry Barriers to Treatment Programs

The willingness of chronic drug users to undergo treatment is influenced by the availability of treatment programs, affordability of services, access to publicly-funded programs or medical coverage, personal motivation, family and employer support, and potential consequences of admitting a dependency problem. In many communities, the demand for help far exceeds treatment capacity. Being unable to enter treatment may discourage chronic users from maintaining a commitment to end drug dependency. In some cases, individuals are hesitant to start treatment for fear of losing jobs or custody of children. Parents may hesitate to enter a child into a program for fear of exposure to greater drug risks from associating with addicts using other substances.

Our challenge is to reduce these barriers so that increasing numbers of chronic users can begin treatment. Programs should capitalize on individual motivation to end drug dependency. Publicly-funded treatment must be accessible to people who cannot afford private programs or lack adequate medical services. Additional barriers should not be created as health care delivery systems change.

Addressing Needs of the Vulnerable

The health consequences of drug abuse are especially acute for pregnant women, children they are carrying, adolescents, racial and ethnic minorities, and people with co-occurring mental illnesses. Addiction is particularly devastating for the poor, who lack economic and familial safety nets. Treatment programs must address the special needs of these populations. States, communities, and health-care professionals are encouraged to integrate drug prevention and assessment programs in prenatal, pediatric, and adolescent medical practices or clinics. As a nation, we have a moral obligation to help the sick and indigent who are deprived of the fruits of American society. We must avoid the devastation that quickly descends on people least capable of dealing with drug dependency. As a society, we cannot afford to surrender any segment of our population to the nightmare of substance abuse.

Developing Anti-Cocaine Medications

Despite the clinical and therapeutic success of methadone for the treatment of opiate addiction, pharmacotherapies for cocaine dependency do not exist. Treatment options are currently limited to counseling, psychotherapy, participation in self-help groups, and medications to reduce the symptoms of cocaine intoxication and/or withdrawal. We need to continue research efforts to treat those addicted to cocaine.

Expanding Drug-Free Workplace Programs

American businesses realize that keeping illegal drugs out of the workplace makes economic sense. Drug testing and employee assistance programs — when combined with supervisory concern, leadership, and support — reduce drug use. Workers with the lowest participation in drug testing programs have the highest rates of drug usage. The food service sector, for example, has a 7.6 percent participation rate and a past-month drug use rate of 16.5 percent while the furniture/household appliances industry has a participation rate of 8.4 percent and a past-month drug use rate of 14.4 percent.[20] Both fields have participation rates significantly lower than the national average and drug usage rates that are markedly higher. On the other hand, the Armed Forces have a participation rate of 100 percent and past-month use below 2 percent.

The Department of Transportation oversees the largest drug-free workplace program in the world, affecting approximately eight million U.S. workers.[21] The program goes beyond testing. Any worker (primarily those in aviation, motor carrier, rail, transit, pipeline, and maritime) who tests positive for illegal drugs is referred to a substance abuse professional. The program's intent is to protect Americans by ensuring that people working in critical transportation functions do not endanger their own lives or others while under the influence of drugs. This program has become a model for non-regulated employers throughout this country and around the world.

American businesses increasingly recognize the human and economic logic of drug-free workplaces. The share of major U.S. firms that test for drugs rose to 81 percent in January 1996. According to the American Management Association, of firms with 2,500 or more employees, 95 percent have drug policies, and 91 percent have drug testing programs.[22] Our challenge is to expand these programs to small businesses that employ 87 percent of all workers. One avenue could be the use of high-technology computer links between public-private partnerships and health promotion programs to educate small businesses and their employees. Labor organizations can assist by educating their members about the dangers of drug abuse and by encouraging them to stay drug-free.

Expanding Community Anti-Drug Efforts

The community-based anti-drug movement in this country is strong, with more than 4,300 coalitions already organized. These coalitions are significant partners for local, state, and federal agencies working to reduce drug use, especially among young people. Coalitions typically include schools, businesses, law enforcement agencies, social service organizations, faith communities, medical groups, local and county government, and youth groups.

Coalitions develop plans and programs, coordinating anti-drug efforts for the benefit of communities. In many locations, integrating efforts have created comprehensive prevention infrastructures that reduced drug use and its consequences. Community-based approaches to the drug problem will be supported. Such groups have the ability to mobilize community resources; inspire collective action; synchronize complementary prevention, treatment, and enforcement; and engender community pride.

Incorporating Religious Organizations

Experience and research suggest that individuals whose values involve faith systems can benefit more rapidly from treatment. One drug risk-reduction factor for youth is participation in religious programs. The government encourages religious organizations to join the national drug prevention effort. Inclusion of anti-drug messages in religious classes and parochial schools can complement secular counterdrug education. Religious organizations are urged to integrate efforts with community coalitions and nongovernmental organizations.

4. INITIATIVES TO SHIELD OUR FRONTIERS

America's place in the world — its status as global leader, economic giant, and bastion of democracy — ensures that extraordinary numbers of people will come to our shores, air terminals, and borders on various modes of transport.

According to the U.S. Customs Service, each year sixty million people enter our country on more than 675,000 commercial and private flights. Another six million come by sea and 370 million by land. In addition, 116 million vehicles cross the land borders with Canada and Mexico. More than 90,000 merchant and passenger ships dock at our ports, carrying more than nine million shipping containers and four hundred million tons of cargo, while another 157,000 smaller vessels visit our many coastal towns. Amid voluminous trade, drug traffickers seek to hide illegal substances that destroy our citizens and ruin neighborhoods. Through concerted effort, we can limit illegal drugs entering our country from abroad while maintaining open, free-flowing commerce, tourism, and international exchange that help make our nation great.

Preventing Drug Trafficking Across the Southwest Border

If a single geographic region were to be identified as a microcosm of America's drug problem, it would be the U.S. - Mexican border. Cocaine, heroin, methamphetamine, and marijuana all cross into the United States here, hidden among the eighty-four million cars, 232 million people, and 2.8 million trucks that the Customs Service estimates cross the thirty-eight ports of entry spanning nearly two thousand miles. American and Mexican ranchers often are harmed by violent bands of drug runners openly crossing their property. Border areas suffer from disproportionate levels of crime and violence due to the abundance of illegal drugs. The general population is terrified by increasingly sophisticated organizations that ply their vicious trade across what is otherwise a historic setting that marks the confluence of two great nations and their cultures.

The current situation must be changed. Significant reinforcements have been committed to the substantial resources already focused on the southwest border. Approximately a thousand Border Patrol agents and 150 Immigration and Naturalization inspectors, 625 U.S. Customs Service agents and inspectors, fifty Drug Enforcement agents, seventy FBI agents, and additional Deputy U.S. Marshals will be added in fiscal year 1997. Advanced technological equipment, sophisticated sensors, and long-range infrared night-vision devices have been installed near the border. A variety of intelligence agencies have been tracking the flow of illegal drugs, enhancing interdiction operations, and pursuing drug-trafficking organizations. The Southwest Border Initiative, Southwest Border Council, Southwest Border HIDTA, Joint Task Force-Six, OCDETF, and the Attorney General's Executive Committee and Operation Alliance have stepped up activities, expanding coordination with state and local agencies. Bilateral working groups have been established with Mexico to achieve the rule of law.

However, illegal drugs are still crossing the border. This tough problem is complicated by illegal immigration, corruption, and questions of jurisdiction, policy, and law. To meet these challenges, we are pursuing an overarching framework to complement individual inspection and interdiction operations, focus resources, provide timely and accurate information that can secure evidence for specific cases, and anticipate strategic and tactical activities of drug traffickers. We will also coordinate efforts among many agencies devoted to the issue, harness technologies in an integrative fashion so that one system complements the other, and work more closely with Mexicans for the common good.

Closing the Caribbean "Back Door"

The DEA estimates that the second-most-significant drug trafficking route into the U.S. is through the Caribbean, specifically Puerto Rico and the U.S. Virgin Islands. Puerto Rico is a natural point of entry because of its central location amid major lines of commerce and transportation and the absence of customs inspections for domestic cargo moving between the island and U.S. mainland. The consequences of this trafficking have been devastating for Puerto Rico, the Virgin Islands, and many island nations of the Caribbean. Cocaine sold in Puerto Rico is cheaper than anywhere else in the United States. Violent gangs control nearly a thousand

drug-distribution points throughout the island and victimize more than three hundred public housing areas. Puerto Rico has the second highest per capita murder rate in the United States.

In response to the threat posed by international drug trafficking in the Caribbean, the United States established the Puerto Rico - U.S. Virgin Islands High Intensity Drug Trafficking Area (HIDTA) in 1994. To combat drug trafficking and money laundering, HIDTA brings together twenty-six agencies and more than six hundred federal, state, and local personnel forming ten task forces and an intelligence coordination center. During FY '96, HIDTA participants arrested 417 individuals, confiscated 14,500 kilograms of cocaine, and seized eight million dollars in assets and currency.[23]

The United States Coast Guard and United States Customs Service have also worked to constrict this illegal drug route into the United States. Their operations feature expanded marine and air enforcement, more cargo examinations, and frequent searches of small vessels. From March 1 through December 31, 1996, the Customs Service's Operation Gateway produced the seizure of 28,507 pounds of cocaine, 3,060 pounds of marijuana, sixty-two pounds of heroin, and $2.2 million and 129 arrests in the Puerto Rico/U.S. Virgin Islands area.[24] In the last three months of 1996, the Coast Guard seized seven vessels, 13,897 pounds of cocaine, forty pounds of heroin, and made nineteen arrests.[25] Interdiction can help stop drugs from entering our country.

We continue to work closely with our Caribbean allies to guard the approaches to Puerto Rico and deny narcotraffickers safe haven anywhere in the region while complying with international law. We currently have bilateral enforcement agreements in place with sixteen countries in or bordering the Caribbean. Negotiations are underway with an additional six countries, and we are working to expand agreements that help protect island nations possessing small law-enforcement establishments from the onslaught of international criminal organizations that violate their sovereignty and corrupt their economies and democratic institutions. Multinational counterdrug operations in the Caribbean provide an additional force multiplier. For example, British, French, and Dutch Naval forces participate in fully coordinated operations helping to block smuggling routes out of South America.

Addressing Other Drug Entry Points

The greater our success at interrupting drug trafficking along any particular border, the more traffickers attempt to introduce illegal drugs elsewhere. South Florida, for example, continues to be a key site for drugs coming into the U.S. and for money moving out — despite the successful disruption of the air bridge that brought cocaine during the last decade from Colombia to the southeastern United States. Mexican coastal ports are entry points for drugs being smuggled northward across our southwest border, necessitating interdiction operations on key trafficking routes through the eastern Pacific and western Caribbean. New York City remains the primary port of entry for Southeast Asian heroin. Ports in the Pacific Northwest and along the Pacific coast — as well as the border with Canada and any airport that handles international cargo or passengers — are vulnerable to drug trafficking.

Consequently, we must develop a comprehensive, coordinated capability that allows the federal government to focus resources in response to shifting drug-trafficking threats. We must be proactive in efforts to keep drug traffickers from penetrating our sovereign territory. Existing organizations and initiatives — like the three Joint Inter- Agency Task Forces (East, West, South), the Domestic Air Interdiction Coordination Center, Joint Task Force-Six, and Operation Alliance, which address the southwest border problem, as well as HIDTAs and other cooperative interagency efforts — must remain the building blocks for this effort.

5. INITIATIVES TO REDUCE DRUG AVAILABILITY

Only sustained commitment can reduce the supply of illegal drugs. The basic principles of supply

reduction are straightforward. A five-stage grower-to-user chain links the drug producer in a foreign land with the consumer in the United States. The stages are: cultivation, processing, transit, wholesale distribution, and retail sales on the street. The U.S. government's international drug control programs target the first three links in this chain: cultivation, processing, and transit. International drug control programs have demonstrated that they can be particularly effective when they focus on severing the chain at the source. When drug crops or synthetic drug laboratories are eliminated, fewer drugs enter the system. This approach is analogous to removing a tumor before it metastasizes.

Opposing international criminal organizations that traffic in drugs at all stages of their operation and in all their operating environments is essential. The global drug trade has spawned large trafficking organizations with an almost limitless capacity to subvert the economic and political systems of underdeveloped countries. In our own hemisphere, the two countries that have faced the longest struggle against drug traffickers — Colombia and Mexico — have been plagued by widespread drug corruption. Efforts to break these organizations must be supported by public information that depicts the true nature of drug traffickers, endorses the elements countering them, and supports the rule of law.

The success of our international drug control policies depends on the political will and institutional capability of other countries to implement programs that reduce and ultimately eliminate cultivation of illicit drug crops and suppress the production, trafficking, and abuse of illegal drugs. Consequently, we are convinced that our drug control programs must be complemented by efforts to strengthen democratic institutions in key drug producing and transit countries.

Encouraging Other Nations to Confront Drug Production and Trafficking

The Certification Process. One way to pressure foreign governments to stand up against drug trafficking organizations is through periodic public scrutiny of their counterdrug record. The U.S. government does so through the annual process of certifying the counterdrug performance of narcotics producing and transit countries. Performance is evaluated in terms of cooperation with U.S. efforts, or unilateral efforts to comply with the goals and objectives of the 1988 United Nations Convention Against Illicit Traffic in Narcotics, Drugs, and Psychotropic Substances.

This annual certification process gives the President an international platform for candid, public evaluation of major drug source and transit countries. While denial of certification carries important foreign assistance sanctions as well as a mandatory U.S. vote against multilateral development banks lending money to such countries, the major sanction is public opprobrium at failing the standard. This process has proved increasingly effective. It has fostered the development of realistic performance benchmarks and increased cooperation in important countries.

Bilateral Cooperation with Mexico. The principal mechanism for counterdrug cooperation with Mexico is the High Level Contact Group on Drug Control formed in March 1996. This bilateral group of senior officials meets periodically while subordinate working groups are in continuous contact. The Contact Group on Drug Control operates at the cabinet level and has instituted a number of broad initiatives, including a shared assessment of the drug threat and a binational counterdrug strategy. Key elements of that strategy include: measures to strengthen border security, actions to ensure criminals cannot escape justice in one country by flight to another, improved information sharing, reduction of drug use in both countries, anti-money laundering initiatives, cooperation to interrupt drug shipments destined for both Mexico and the U.S., and concentration of law enforcement efforts on trafficking organizations that operate in both countries.

Progress, while not uniform across the board, has been significant. The criminal drug organizations that operate in both our countries are ruthless, violent, flexible, and defiant of national sovereignty.

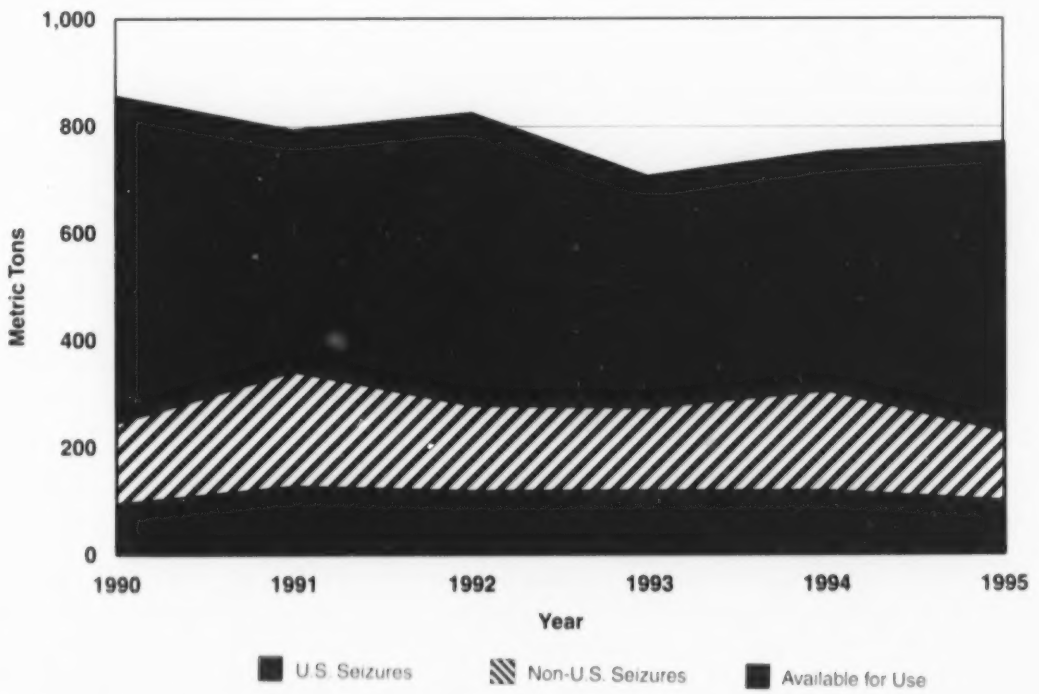
The corrupting power of thirty billion dollars of illegal drug money is an enormous threat to the democratic institutions of both Mexico and the United States. Notable successes include: the Mexican government's passage of important anti-crime legislation, U.S. training for anti-drug units of Mexican police and Armed Forces as well as in money laundering investigations for investigators and prosecutors from the Mexican Treasury and Attorney General's office. Mexico continues to implement one of the world's most successful drug crop eradication programs. Drug seizures by Mexican authorities increased significantly in 1996; heroin seizures were up 78 percent and cocaine seizures up 21 percent.

To build on these successes, we must continue working with our counterparts to insulate law enforcement organizations from corruption and build Mexican counterdrug capabilities. A major bilateral concern is the cross-border activity of Mexican trafficking organizations and their ability to hold Mexican authorities at bay. Finally, we must be cognizant of sovereignty concerns in this complex relationship as we broaden the bilateral counterdrug effort. Drug traffickers have developed complex infrastructures and multiple routes in Mexico over the better part of a decade. These criminal organizations can be pursued, but success will take a long-term commitment on the part of dedicated, honest, and courageous Mexican authorities and sustained, cooperative efforts by the United States.

Making Cocaine Less Available

Cocaine is currently our most dangerous illicit drug. It is responsible for more addiction, health problems, economic dislocation, and social costs than any other illegal substance. It is also more vulnerable to international supply reduction than other foreign-produced drugs. Our national efforts against coca cultivation and the production and

Figure 4-1
Cocaine Seizures Versus Production



Source: National Narcotics Intelligence Consumers Committee, Drug Enforcement Administration, 1996

trafficking of cocaine are guided by Presidential Decision Directive 14, the Western Hemisphere counterdrug strategy. U.S. anti-cocaine activities fall into the following three categories: reduction of cultivation, interdiction, and actions against trafficking organizations.

Reduction of Cultivation. Nearly all the cocaine consumed in the United States is produced from coca crops grown in Bolivia, Colombia, and Peru. In 1995, enough coca was grown on 214,800 hectares of land in these three countries to produce 780 metric tons of cocaine for the world market. Eighty percent of the cocaine in the United States comes from Peruvian coca crops.[26] A top international drug policy priority is support for the efforts of Bolivia, Colombia, and Peru to reduce coca cultivation. Our forthcoming regional initiative, whose goal is nothing less than complete elimination within the next decade of cultivation of coca destined for illicit cocaine production, will focus on alternative economic development in Peru. These efforts will recognize that drug cultivation in source countries is an important means of employment and income for some of the poorest members of society. To be successful, drug crop reduction programs must include measures to resolve socio-economic factors that promote the cultivation of illegal drug crops.

Interdiction. Since 1993, global seizures averaged 270 metric tons of cocaine, leaving approximately five-hundred tons potentially available for consumption each year. U.S. cocaine seizures by themselves averaged 112 tons a year over the same period.[27]

Within South America, a sustained, U.S.- supported interdiction effort continues to disrupt the air, river, maritime, and land transportation of cocaine base from Bolivia and Peru to Colombia. By the end of 1996, Peru and Colombia seized or destroyed dozens of drug trafficker aircraft, resulting in a two-thirds reduction in the number of detected trafficker flights over the Andean ridge region compared with the number of flights detected before the denial program was launched in early 1995. As coca cultivation subsequently exceeded drug trafficker transportation capabilities, average coca prices in Peru dropped by 50 percent over the same time period. We have demonstrated that interdiction efforts in the source country zone can disrupt trafficking patterns significantly. Our challenges now are to work with host nations to: restrict further the air movement of coca products between and within Bolivia, Peru, Brazil, and Colombia; block drug traffickers from developing alternative river, ground, and maritime routes; and assist South American nations in preventing drug trafficking organizations from violating their sovereign air, land, and sea space.

In the "transit zone" of the Caribbean, Central America, Mexico, and the eastern Pacific waters, U.S. interdiction seeks to prevent traffickers from moving cocaine. An effective transit zone interdiction program requires flexible, in-depth, intelligence-driven defenses. Drug traffickers are adaptable, and they will react to our successes by shifting routes and changing modes of transportation. We must be equally flexible and give the traffickers no quarter as we respond to their moves. This objective will require that we — in concert with our regional allies — maintain a "defense in depth," taking aggressive action in source countries, throughout the transit zone, and at our borders.

International coordination and cooperation are important components of our interdiction effort. U.S. interdiction agencies do not by themselves have sufficient resources to address the trafficking threat. Bilateral or multilateral agreements, sharing intelligence and information, and conducting combined operations with our allies can multiply the effectiveness of the regional interdiction effort. Improving the interdiction capabilities of committed nations will also increase the effectiveness of our transit zone efforts. Finally, technology and intelligence can help us employ limited assets against high pay-off targets.

Actions Against Trafficking Organizations. Even after the arrest of major Cali Mafia leaders, Colombian drug syndicates continue to be the preeminent cocaine producing and trafficking organizations. They purchase the majority of semi-finished cocaine base from Bolivian or Peruvian farmers. Along with Mexican poly-drug traf-

fickers and others, they increasingly move the illicit drug to the United States and elsewhere. The power, wealth, and sophistication of Colombian, Mexican, and other drug syndicates pose enormous threats to governmental and judicial institutions in many Western hemisphere countries.

Our successes against these and other international criminal organizations have been increasing. U.S.-supported Colombian law enforcement efforts have resulted in the arrest or surrender of the top seven leaders of the Cali drug cartel. U.S. support for other nations helped disrupt and dismantle trafficking organizations, including the Jose Castrillon organization based in Colombia and Panama. This crime syndicate was responsible for the maritime shipment of several multi-ton loads of cocaine destined for the United States. While the sentences announced to date by the Colombian government have been inadequate considering the magnitude of the crimes committed, cocaine traffickers are operating in an increasingly hostile environment. Our international cocaine control strategy will continue to include an across-the-spectrum attack on these criminal organizations.

Making Heroin Less Available

Efforts against production and trafficking of heroin are guided by the President's heroin control policy of November 1995 (PDD-44). Potential global heroin production has increased about 60 percent in the past eight years to about 360 metric tons.[9] Heroin is not just an American problem. U.S. demand (estimated between four and thirteen metric tons)[10] is equivalent to only a fraction of that potential.

The heroin interdiction challenge is enormous. Central governments in the two major source countries, Afghanistan and Burma, have limited powers. U.S. access and influence there is also extremely limited. Trafficking organizations are highly cohesive and difficult to penetrate. They use multiple trafficking routes and methods. Heroin flows through East Asia, the Middle East, the Former Soviet Union, Nigeria, South Africa, and South America, following the paths of least resistance and avoiding law enforcement. Heroin is a low bulk, high value commodity. An individual courier traveling aboard a commercial airliner can use body-carry techniques and ingestion to conceal several million dollars worth of heroin. Larger multi-kilogram amounts have been found hidden in commercial cargo shipments. Consequently, the worldwide seizure of morphine base/heroin in 1995 consisted of only thirty-two metric tons while U.S. seizures were just 1.3 metric tons.[11] The recent increase in heroin production in Colombia underscores the diffuse nature of the international heroin challenge. Just a few years ago, Colombia was an insignificant producer of heroin. Now, its potential heroin production (six tons in 1995)[12] represents a significant portion of the estimated U.S. demand. South American heroin is being sold in the U.S. at higher purity levels and lower prices than South East Asian heroin to garner larger market shares, and is in some areas becoming an important source of heroin.[13]

The United States will work through diplomatic and public channels to promote international awareness of the heroin threat, help strengthen law enforcement efforts in heroin source and transit countries, bring cooperative law enforcement to bear against processing and trafficking, act against illegal financial systems that bankroll heroin trafficking activities, and promote the United Nations International Drug Control Program (UNDCP) and other multilateral and regional engagement in opium poppy and heroin control programs in source countries where U.S. bilateral influence is limited by political and security constraints. America will support continuing programs by Colombia and Mexico to eradicate opium poppy and will move promptly against any other illicit opium poppy cultivation encountered in the Western hemisphere.

Countering the Methamphetamine Threat

Methamphetamine abuse is a significant problem on the West Coast and in the Southwest and Midwest; it is also moving eastward.[14] This drug is problematic because it is easily manufactured, inexpensive, and incredibly addictive. Methamphetamine is the "poor man's cocaine" and has the

potential to assume national prominence if its use is not curtailed. Current law enforcement efforts against the production and distribution of methamphetamine are guided by the *Department of Justice National Methamphetamine Strategy* released in April 1996. This document serves as the basis for an expanded response that integrates treatment and prevention initiatives.

The principal foreign source of methamphetamine is Mexico. Mexican trafficking groups use existing cocaine smuggling networks to funnel methamphetamine into the United States. Through the High Level Contact Group on Drug Control, the United States will continue supporting Mexican government efforts to identify and destroy methamphetamine production, storage, or shipment activities and act against criminal organizations engaged in this traffic. The U.S. will also cooperate with other industrialized countries, the U.N. Drug Control Program, and multilateral organizations to limit international commerce in methamphetamine precursors and prevent illicit diversion or trafficking in domestic or foreign methamphetamines.

Domestically, the drug is produced in clandestine laboratories using toxic and highly explosive mixtures of hydriotic acid, phosphene gas, and red phosphorous. These chemicals are either smuggled into the country or illegally diverted from legitimate sources. The Methamphetamine Control Act of 1996 addressed this problem by controlling precursor chemicals and increasing criminal penalties for possession and distribution. Meth labs are mostly short-term, "one-batch" facilities commonly established in rural or sparsely populated areas to preclude detection as a result of the chemicals' odors. Nevertheless, federal and state lab seizures are increasing as a result of law enforcement attention to this emerging drug threat.

Measuring and Reducing Domestic Cannabis Cultivation

Marijuana remains the most-commonly-used illegal drug in the United States. Much of the marijuana smoked in the U.S. is cultivated domestically — commercially, privately, outdoors, and indoors. However, we have no accurate estimate of the extent of domestic marijuana cultivation. Our domestic cannabis crop reduction efforts must be supported by accurate information about drug crop locations and potentials. The Office of National Drug Control Policy will coordinate the development of a domestic marijuana crop measurement program.

Controlling the Diversion of Drug-essential Chemicals

The production of illegal drugs requires enormous quantities of precursor chemicals. Clearly, drug production can be curtailed if the necessary precursor chemicals can be prevented from being diverted for this purpose. The importance of controlling chemicals has been internationally accepted. Article 12 of the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substance establishes the obligation for parties to the treaty to control their chemical commerce to prevent diversion to illicit drug manufacture. The Convention lists twenty-two chemicals as most necessary to drug manufacture and, therefore, subject to control.

International cooperation between enforcement and regulatory agencies is essential to the prevention of diversion of precursor chemicals. Information exchange to verify the legitimacy of proposed transactions in regulated chemicals is the key element to such cooperation. The United States continues to urge adoption of chemical control regimes by governments that do not have them. Our goal is to continue and expand the cooperation until sharing of information on proposed transactions in regulated chemicals is routine. We need to demonstrate that all sources of information must be queried, not only those in the exporting and importing countries, and that information sharing can occur without jeopardizing commercial confidentiality.

6. OTHER INITIATIVES

Streamlining the Counterdrug Effort

More than fifty federal departments and agencies are involved in the National Drug Control Program. In addition, state and local governments, public interest groups, and private corporations make major contributions to the national effort. The structures of government that bring together these diverse groups, interests, and agencies will vary from locality to locality and from specific drug-related issue to issue. Some aspects of the drug control effort involve the threat of international criminal organizations that have regional and local distribution and marketing affiliates in the United States. Other aspects of the problem require coordinated response by multiple organizations seeking to synchronize prevention, treatment, interdiction, and enforcement. In such instances, unity of effort can best be attained through organizing concepts that facilitate coordination.

The President's Drug Policy Council is a fine example of coordination at the national level. Formed in March 1996 by the President, the purpose of this cabinet-level organization is to underscore the importance of drug policy issues within the executive branch of the government. Meetings of the council are chaired by the President and convened to assess the direction of the national drug control program. The council now serves as the federal government's principal executive-level steering group.

Another example of a step in the right direction was the reorganization of our interdiction efforts by the National Interdiction Command and Control Plan of 1994. This plan created three geographically-oriented counterdrug Joint Interagency Task Forces (JIATFs) and the Domestic Air Interdiction Coordination Center (DAICC). The JIATFs employ U.S. Customs Service, U.S. Coast Guard, and Department of Defense operational assets in the conduct of interdiction operations in the Caribbean and Gulf of Mexico, Pacific, and South America. The JIATFs coordinate and direct the detection, monitoring, and sorting of suspect drug-trafficking aircraft and vessels and hand off targets to appropriate law enforcement authorities for apprehension. The JIATFs allow operational assets from different agencies to participate in highly coordinated, seamless operations. They also promote the exploitation of the Department of Defense's sophisticated command, control, communications, and intelligence infrastructure. Other essential coordinating elements of our national counterdrug effort include the Department of Defense's Joint Task Force-Six and the multi-agency Operation Alliance. The former coordinates military support of federal, state, and local counterdrug efforts along the U.S.-Mexico border. The latter integrates the efforts of many agencies working to prevent the flow of illegal drugs across that border.

Restructuring Law Enforcement Counterdrug Information Coordination

Timely and accurate tactical information can allow trafficker and criminal organization vulnerabilities to be exploited. We have committed a great deal of effort and significant resources to ensure informed operations. In May of 1995, the Interdiction Intelligence Support Plan (IISP) was promulgated as an interagency plan to increase the quality and timeliness of available intelligence to the interdiction centers. The Anti-Drug Network (ADNET) was simultaneously established to serve as the communications backbone for the interdiction centers and supporting intelligence activities.

There is yet room for our law enforcement agencies to coordinate actions better and reinforce each other's efforts so that operations, investigations, and prosecutions are supported more effectively by intelligence and information sharing. While national-level law enforcement intelligence organizations like the National Drug Intelligence Center (NDIC), Treasury's Financial Crimes Enforcement Network (FinCEN), and the El Paso Intelligence Center (EPIC) are making useful contributions, their full potential has yet to be realized. At the local level, High Intensity

Drug Trafficking Area (HIDTA) initiatives and Organized Crime and Drug Enforcement Task Forces (OCDETF) are improving federal, state, and local coordination, but timely tactical intelligence and information sharing can still be improved. Consequently, a review of the existing counterdrug intelligence architecture offers the potential to make better use of available resources, share (while protecting) information more rapidly, and fully integrate coverage. We must have a system that can detect, monitor, and track domestic drug production and trafficking activities across a spectrum of illegal activities that includes cultivation, movement of precursors, smuggling, wholesale and retail distribution, and laundering of profits.

Applying a Research, Development, and Technology Application Strategy

As the national drug control strategy takes a long-term approach, so must the research and development and technology application strategy that supports it. Over the years, individual agencies and scientific projects have aided the national drug control effort. The American scientific community has leveraged our efforts by producing useful data, creating effective sensing and monitoring systems, fielding high-speed data processing, and improving intelligence activities. Medical research has fostered understanding of the effects of drugs while improving prevention and treatment. Law enforcement and inspection technologies have enhanced police and port of entry operations, safeguarded officials involved in counterdrug activities, and constrained drug trafficking.

However, gaps remain in our knowledge and capabilities, which science can narrow. Biomedical and behavioral research can increase our understanding of addiction processes and help us develop better drug testing and demand reduction therapy. We hope to develop nonintrusive inspection systems; improved border surveillance, detection, monitoring, and apprehension capabilities; and integrated tactical operations at the federal, state, and local level. Drug traffickers are investing in advanced technology to improve their operations and defeat ours. A two-sided effort is in progress, and our opponents are well-financed.

Our advantage lies in the vast potential of a collective scientific capacity, both in terms of knowledge and the ability to organize, pool assets, interconnect technologies, and maintain sustained vision while realizing short-term, technology-aided results. A long-term strategy underwritten by a five-year budget offers the opportunity for maximum success. Key technologies can be researched, evaluated, adjusted, reevaluated, and field tested in coordination with established objectives. Data bases can be developed with greater specificity relating to the complex social and strategic questions of national drug control policy.

A comprehensive, integrated technology strategy promotes intelligent choices among projects. Properly designed, such a plan could help us determine when to take risks, where to avoid redundancies, and how to achieve mutual reinforcement among extant systems. Time frames and funding projections geared to the long-haul make for greater rationality in investment and development. Effectiveness in the short-term can be measured and judiciously considered in light of long-term goals.

Emerging technologies, research data, and scientific/medical breakthroughs offer great promise in achieving our desired goal. Integrated efforts, a visionary approach, and methodically-sound decisions are critical. A technology strategy is a necessary ingredient in the overall counterdrug effort.

Countering Attempts to Legalize Marijuana

The United States has the highest rate of drug use of any nation in the industrialized world.[14] Approximately 50 percent of American youth will have used an illegal drug by the time they graduate from high school; the vast majority are using marijuana.[15] This psychoactive substance has become almost a rite of passage for those who end up as cocaine and heroin users. A 1994 survey by the Center on Addiction and Substance Abuse at

Columbia University found that a twelve to seventeen-year-old who smokes marijuana is eighty-five times more likely to use cocaine than a non-marijuana smoking peer.[8] Clearly, if we want to reduce the rate of teenage drug use and prevent American youth from using dangerous drugs like cocaine, we must continue to oppose efforts to legalize marijuana.

Marijuana is a Schedule I drug under the provisions of the Controlled Substance Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. It is similarly controlled on an international basis through inclusion on Schedule I of the Single Convention on Narcotic Drugs. Marijuana is placed in Schedule I because it has a high potential for abuse and no currently accepted medical use in the United States.

Nonetheless, our medical-scientific process should not close the door on any substance that could have therapeutic uses. Thus, in response to anecdotal claims about marijuana's medicinal effectiveness, the Office of National Drug Control Strategy is funding a comprehensive review of the drug by the National Academy of Science's Institute of Medicine. This review will consider scientific evidence of marijuana's pharmacological effects; the state of current scientific knowledge; the drug's psychic or physiological dependence liability; risks posed to public health by marijuana; its history and current pattern of abuse; and the scope, duration, and significance of abuse. The ultimate purpose of this review is to protect the American people by ensuring that science, not ideology, is the basis of drug control policy. The government has an obligation to ensure that regulatory systems do not prevent safe and effective medicines from being made quickly available to the sick. It also has a responsibility to protect the American people from unsafe, ineffective medicines.

Integrating Ideas, Concepts, and Strategies

In the national effort to counter the effects of illegal drugs and substance abuse, there has been no shortage of proposals, ideas, and papers. The plethora of studies is an indication of the degree to which the country is troubled by the issue and determined to confront it. As such, the energy displayed is a healthy and helpful approach to common goals.

However, such efforts would be more fruitful if coordinated. There is no room for parochialism in the endeavor to reduce illegal drugs and their consequence. Drug abuse is a national problem that must be solved through collective efforts. While argumentation among good people is merely ideas in the making, there comes a time when different perspectives must be synthesized and channeled into a cooperative venture.

This document constitutes the overall strategy for the nation's effort against drug abuse. It leaves room for growth, incorporation of new advances in science and technology, better operations, intellectual expansion, and logical rejection of well-intentioned but counterproductive activities. The National Drug Control Strategy will undoubtedly adapt over the years as conditions change. It will, however, organize our efforts toward the stated goals and objectives.

Endnotes

1. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release.

2. Substance Abuse and Mental Health Services Administration, *Preliminary Estimates from the 1995 National Household Survey on Drug Abuse*.

3. Lloyd Johnston, *Monitoring the Future Study - 1996*, press release.

4. Office on Smoking and Health, *Preventing Tobacco Use Among Young People, A Report of the Surgeon General*.

5. Substance Abuse and Mental Health Services Administration, *Unpublished Data from the 1995 National Household Survey on Drug Abuse*.

6. *Ibid.*

7. J.C. Merrill, K. Fox, S.R. Lewis, and G.E. Pulver, *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use*.

8. National Parents' Resource Institute for Drug Education, Inc. (PRIDE). Pride 1995-96 National Summary Grades 6 through 12 (Atlanta, Ga.: PRIDE, August 1996).

9. Federal Bureau of Investigation, *Crime in the United States; 1995: Uniform Crime Reports*.

10. National Law Enforcement Officers Memorial Fund, Press Release (Washington, D.C.: December 31, 1996).

11. National Law Enforcement Officers Memorial Fund, Press Release (Washington, D.C.: February, 1996).

12. Federal Bureau of Investigation, *1994 Law Enforcement Officers Killed and Assaulted* (Washington, D.C.: U.S. Department of Justice, 1996).

13. Bureau of Justice Statistics, *Recidivism of Felons on Probation 1986-1989* (Washington, D.C.: U.S. Department of Justice, February, 1992).

14. President's Commission on Model State Drug Laws, *Socioeconomic Evaluations of Addictions Treatment* (Washington, D.C.: President's Commission on Model State Drug Laws, December 1993).

15. J.A. Inciardi, *A Corrections-Based Continuum of Effective Drug Abuse Treatment* (Washington, D.C.: U.S. Department of Justice, June 1996).

16. Rand Corporation, *Modeling the Demand for Cocaine*.

17. Substance Abuse and Mental Health Services Administration, *The Need for Delivery of Drug Abuse Services* (Rockville, Md.: U.S. Department of Health and Human Services, 1995).

18. D.R. Gerstein, R.A. Johnson, H.J. Harwood, D. Fountain, N. Suter, and K. Malloy, *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)* (Sacramento, Calif.: California Department of Alcohol and Drug Programs, 1994).

19. Center for Substance Abuse Treatment, The National Treatment Improvement Evaluation Study, *Preliminary Report: The Persistent Effects of Substance Abuse Treatment - One Year Later* (Rockville, Md.: U.S. Department of Health and Human Services, September 1996).

20. Substance Abuse and Mental Health Services Administration, *Drug Use Among U.S. Workers: Prevalence and Trends by Occupation and Industry Categories* (Rockville, Md.: U.S. Department of Health and Human Services, May 1996).

21. U.S. Department of Transportation, Drug Policy Office, personal communication (Washington, D.C.: January 1997).

22. American Management Association, *1996 American Management Survey on Workplace Drug Testing and Drug Abuse Policies: Summary of Key Findings* (New York, N.Y.: American Management Association, 1996).

23. Puerto Rico, U.S. Virgin Island High Intensity Drug Trafficking Area, Executive Committee Reports (San Juan, Puerto Rico: 1996).

24. U.S. Customs Service reporting on results of Operation Gateway (Washington, D.C.: January 1997).

25. U.S. Coast Guard reporting on results of Operation Frontier Shield (Washington, D.C.: January 1997).

26. National Narcotics Intelligence Consumers Committee, *The NNICC Report 1995: the Supply of Illicit Drugs to the United States*.

27. *Ibid.*

28. *Ibid.*

29. W. Rhodes, P. Scheiman, and K. Carlson, *What America's Users Spend on Illegal Drugs, 1988-1991*.

30. National Narcotics Intelligence Consumers Committee, *The NNICC Report 1995: The Supply of Illicit Drugs to the United States*.

31. *Ibid.*

32. *Ibid.*

33. National Institute of Justice, *Drug Use Forecasting, Annual Report on Adult and Juvenile Arrestees 1995*.

34. United Nations Economic and Social Council, *Principles and Practice of Primary and Secondary Prevention and Demand Reduction Programmes* (Vienna, Austria: U.N. Commission on Narcotic Drugs, April 1996).

35. Lloyd Johnston, *Monitoring the Future Study - 1996, press release*.

36. J.C. Merrill, K. Fox, S.R. Lewis, and G.E. Pulver, *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use*.

V. Resources to Implement the Strategy

Progress on the drug front is not easily achieved without the funding necessary to educate children, reduce violent drug crime, treat citizens in need, protect our borders, and address foreign and domestic sources of supply.

To support all these goals for Fiscal Year (FY) 1998, the President requests $16.0 billion to fund drug control efforts. (See Table 5-1.) This request represents an increase of $818 million over the FY 1997 level of $15.2 billion, or a 5.4 percent increase.

Table 5-1. Drug Control Funding: Agency Summary, FY 1996 - FY 1998

	FY 1996 Actual	FY 1997 Enacted	FY 1998 President's Request
Agriculture	$28.6	$28.6	$28.5
Corporation for National Service	29.9	30.7	40.3
Defense	822.1	957.5	808.6
Education	588.3	679.0	746.6
Health and Human Services	2,072.5	2,381.5	2,534.1
Housing and Urban Development	293.8	320.0	290.0
Intelligence Community Management Account	–	27.0	27.0
Interior	30.4	30.3	33.2
Federal Judiciary	506.6	539.1	620.5
Justice	6,267.0	6,961.4	7,249.1
Labor	59.4	59.5	65.5
Office of National Drug Control Policy	129.7	288.9	351.2
State	135.3	194.0	215.5
Transportation	372.2	384.3	443.1
Treasury	1,029.0	1,140.8	1,338.1
U.S. Information Agency	8.3	7.6	7.7
Veteran Affairs	1,081.1	1,128.8	1,177.6
Total Drug Control Budget	**$13,454.0**	**$15,158.9**	**$15,976.8**
Supply Reduction	**$9,013.2**	**$10,181.6**	**$10,502.4**
Percentage of Total Drug Budget	**67%**	**67%**	**66%**
Demand Reduction	**$4,440.8**	**$4,977.3**	**$5,474.4**
Percentage of Total Drug Budget	**33%**	**33%**	**34%**

(Detail may not add to totals due to rounding)

Highlighted FY 1998 Drug Control Initiatives

- **National Media Campaign** — $175 million is requested in FY 1998 for a national media campaign targeting illegal drug consumption by youth. This initiative would rely on high-impact, anti-drug television advertisements aired during prime-time to educate and inform the public about the dangers of illegal drug use.

- **Safe and Drug-Free Schools** — $620 million is requested for FY 1998, an increase of $64 million (11.5 percent) over the FY 1997 appropriation. New resources would provide grant assistance to governors and state educational agencies for drug and violence prevention programs.

- **Community Oriented Policing (COPS)** — $510 million in drug-related resources is requested in FY 1998, an increase of $41 million (9 percent) over FY 1997. COPS serves as the vehicle for the Administration's strategy to fight violent crime and drug use by increasing the number of state and local police officers on the streets.

- **Prevention and Treatment Research** — $522 million is requested in FY 1998 for the National Institute on Drug Abuse (NIDA), an increase of $33 million (6 percent) over FY 1997. These additional resources will further NIDA's efforts in conducting basic drug prevention and treatment research.

- **Youth Treatment Initiatives** — $19 million is identified in the FY 1988 HHS budget to support innovative interventions for juvenile offenders which integrate community-wide education, law enforcement, substance abuse treatment, and mental health services; studies of treatment effectiveness for adolescents with co-occurring substance and mental health disorders; and expansion and assessment of comprehensive substance abuse treatment services for adolescents.

- **Youth Prevention Initiatives** — $98 million is identified in the FY 1998 HHS budget for activities designed to prevent marijuana and other drug use among American youth. The initiative will provide State Incentive Grants, raise public awareness and counter pro-drug messages, and expand State level data collection activities.

- **Drug Courts** — $75 million is requested in FY 1998, an increase of $45 million (150 percent) over FY 1997. These grants support state and local criminal justice agencies to provide court-mandated drug treatment and related services to nonviolent offenders.

- **INS Southwest Border Initiative** — $367 million in drug-related resources is requested for the Immigration and Naturalization Service (INS) in FY 1998, an increase of $48 million over FY 1997. This request provides for an additional five hundred Border Patrol agents to stem the flow of illegal drugs and illegal aliens across the southwest border.

- **International Narcotics Control and Support for Peru** — The FY 1998 budget includes $214 million for the State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL). Included in the INL budget is $40 million for Peru, an increase of $17 million over FY 1997. In FY 1998 this program will continue the implementation of the President's directive to place more emphasis on source countries, focus on programs that promote alternative development, dismantle narcotics trafficking organizations, and interdict drugs.

National Funding Priorities for FY 1998-2002

Although outyear funding levels for particular programs still need to be formulated through a cooperative effort with OMB and various agencies, ONDCP has already identified priority areas for funding. ONDCP will continue to emphasize these priorities throughout the five-year drug budget planning horizon. If additional funds for federal drug control programs become available, the Administration will pursue the following priorities:

Figure 5-1
FY 1998 Spending Goal ($ Millions)

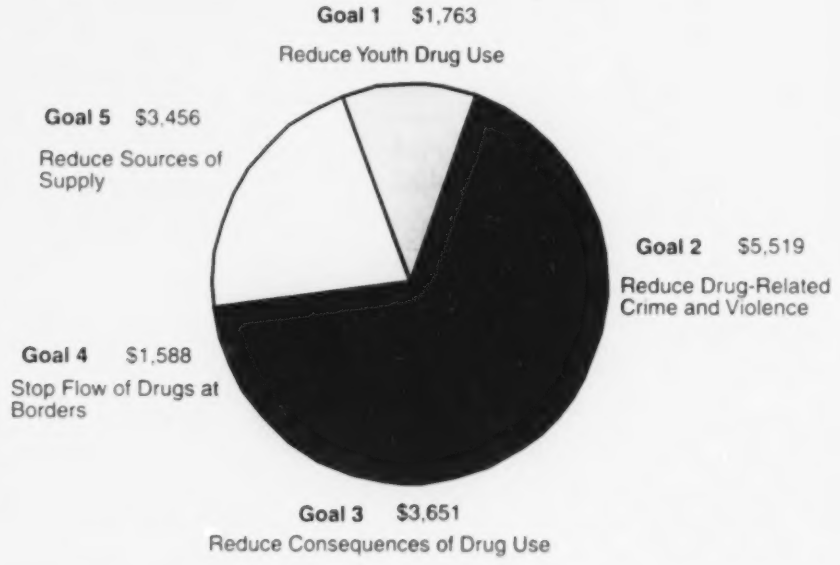


Figure 5-1 represents the distribution of fiscal year 1998 federal drug control program funding by goal. The greatest proportion of spending, 35 percent, is for programs that increase the safety of America's citizens by reducing drug-related crime and violence.

Figure 5-2
Federal Drug Control Spending by Function, FY 1985-98

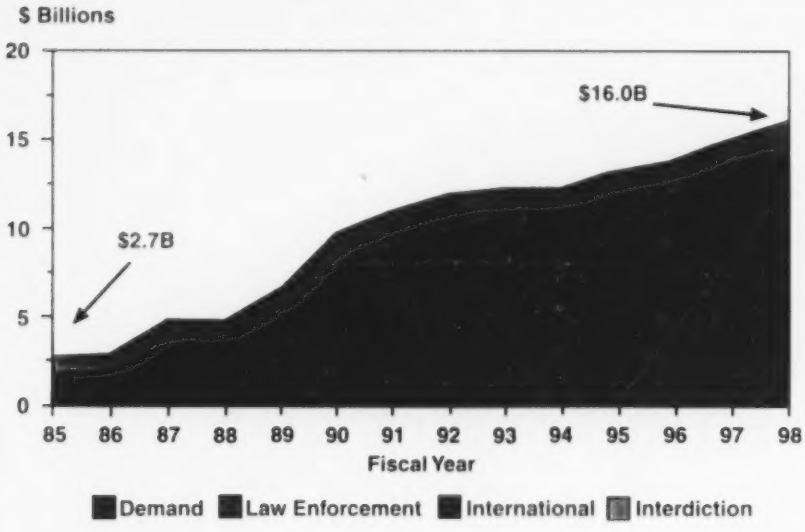


Figure 5-2, a historical perspective on federal drug control spending, illustrates the six-fold increase in federal resources for drug control since FY 1985 when drug resources totaled $2.7 billion.

- **Reducing Youth Drug Use** — The centerpiece of our national counterdrug strategy remains the prevention of drug use by children. Youth-oriented prevention programs today can reduce the number of addicted adults who will cause enormous damage to themselves and our society tomorrow.

- **Reducing the Consequences of Chronic Drug Use** — The national drug control strategy also recognizes that significant reductions in illegal drug consumption cannot occur without addressing the problem of chronic drug use. Chronic drug users comprise about 20 percent of the drug-using population yet consume over two-thirds of the supply of drugs. By reducing the number of dependent drug users, we can lessen the adverse health and welfare consequences of illegal drug use as well as attendant criminal activity.

- **Reducing Drug-related Crime and Violence** — Domestic law enforcement has helped take back our streets from the ravages of the drug trade. Of particular concern is the relationship between drugs and crime. A disproportionate number of more than twelve million property crimes and almost two million violent crimes that occur each year are committed by drug users or traffickers.

- **Stopping the Flow of Drugs at U.S. Borders** — Unless we shield our borders from the flow of illegal drugs, the United States will never stem the tide of drug abuse. Interdiction is the key to stopping drugs from crossing our borders and reaching our neighborhoods.

- **Reducing Domestic and Foreign Sources of Supply** — Interdiction programs alone cannot prevent drugs from flowing into the United States and reaching our children. Therefore, the national drug control strategy must target sources of supply as well. Working with source and transit nations offers the greatest prospect for eliminating foreign sources of supply. Cocaine, heroin, and frequently methamphetamine are produced outside the United States; these illegal drugs cause the greatest harm to our citizens.

- **Maintaining Strategy Flexibility** — A long-term strategy must be versatile and contain the infrastructure to respond to new drugs. America's drug problem is not static, as indicated by the recent emergence of methamphetamine. While the use of some drugs declines (e.g., cocaine), other substances make a comeback (e.g., methamphetamine, marijuana, and heroin). Still other drugs are used for the first time. Our strategy must contain the means to identify and monitor new drug use trends so that programs can address them proactively.

VI. Consultation

Section 1005 of the Anti-Drug Abuse Act of 1988, as amended, requires the Office of National Drug Control Policy (ONDCP) to consult a wide array of experts and officials, including heads of the national drug control program agencies, the Congress, state and local officials, and members of the private sector as the *National Drug Control Strategy* is being developed. ONDCP met the full intent of this congressional requirement during the development of this *1997 Strategy* in the following ways:

By Consulting with Leaders Across the Nation. The perspectives and suggestions of leaders in both the public and private sectors were enormously helpful in the development of the *1997 National Drug Control Strategy*.

- **Governmental Consultation**. Within the executive branch of the federal government, every cabinet officer and all departments and agencies participated in the development of strategic goals and objectives and in the formulation of supporting budgets, initiatives, and programs. Similarly, within the legislative branch, views and suggestions were solicited from every senator and representative and from their supporting staffs. At the state and local levels, ONDCP solicited input from each state governor along with those from American Samoa, Puerto Rico, and the U.S. Virgin Islands, and from the mayors of every city with more than 100,000 people. Views from public officials overseeing federal, state, and local prevention, education, treatment, law enforcement, correctional, and interdiction activities were also solicited.

- **Private Sector Consultation.** Suggestions were also solicited and received from: representatives of the more than 4,300 community anti-drug coalitions; chambers of commerce; editorial boards; non-governmental organizations; professional organizations (i.e. actors' guilds, bar associations, business associations, educational groups, law enforcement and correctional associations, medical associations, unions, and others); religious institutions; and private citizens including chronic drug users, inmates, parents, police officers, prevention specialists, recovered addicts, students, teachers, treatment providers, and victims of drug-related crimes. The ONDCP Director also joined senators and representatives in their states and districts to learn more about the drug problem and observe solutions. The interest displayed by all and the thousands of unsolicited letters received at ONDCP underscored that a majority of Americans believe that drug use and drug-related crime are among our nation's most pressing social problems.

By Consulting with the Congress. Representatives from the Office of National Drug Control Policy testified at thirteen formal congressional hearings in 1996. Topics included: drug policy priorities; the federal drug control budget; international drug control programs; drug trafficking in the Western hemisphere; preventing drug trafficking across the southwest border; juvenile drug use trends; drug interdiction efforts; the global heroin threat; making cocaine less available; and Arizona's Proposition 200 and California's Proposition 215. Additionally, senators and representatives were briefed privately by the ONDCP Director and other officials of the executive branch while the work of their staffs was supported by all national drug control program agencies.

By Keeping the American People Informed. ONDCP supported the anti-drug efforts of every national television network and numerous local television and radio organizations in 1996; more than 200 exclusive interviews were conducted. Detailed briefings were provided to the editorial boards of twenty-two newspapers and magazines. Spanish-language materials were generated for media organizations that serve Hispanic-Americans. A web site (www.ncjrs.org) and toll free telephone service (1-800-666-5212) staffed by drug policy information specialists provide drug-related data, perform customized bibliographic searches, advise requesters on data availability and of other information services, and maintain a public reading room. In addition, ONDCP maintains a "homepage" that provides up-to-date information about the Office of National Drug Control Policy and drug policy issues.

By Building Support for the U.S.'s International Drug Control Programs. Leaders from key drug production and trafficking nations were briefed on the international components of the National Drug Control Strategy. Support for U.S. drug control efforts was also developed among important international and multilateral organizations such as the Association of Asian States, the European Union, the Organization of American States, and the International Commission of the Red Cross.

By Convening or Participating in Conferences and Meetings. ONDCP briefed participants in numerous gatherings of organizations like: the National Governors' Association, the Conference of Mayors, the American Bar Association, and the National Association of Police Officers. Additionally, ONDCP convened or participated in the following conferences and meetings to promote greater coordination of international, federal, state, and local anti-drug efforts; consider emerging problems; and consult experts as the *1997 Strategy* was being developed.

- **The President's Drug Policy Council.** Established by the President in March 1996, this cabinet-level organization met on May 28, 1996 and December 12, 1996 to assess the direction of the *National Drug Control Strategy* and discuss drug policy initiatives. Members of the council include heads of drug control program agencies and key presidential assistants.

- **Southwest Border Conference.** El Paso, Texas, July 9-10, 1996. Federal, state, and local representatives met to discuss the challenge of stopping drug trafficking across the two-thousand mile-long U.S. - Mexico border.

- **High Intensity Drug Trafficking Areas (HIDTA) Conference.** Washington, D.C., July 15-16, 1996. Participants considered how the congressionally-mandated HIDTA program can better coordinate regional law enforcement efforts.

- **The USIC/J-3 Counterdrug Quarterly Conference.** Washington, D.C. These meetings provided a forum for executive-level discussions of U.S. international drug interdiction programs.

- **California Proposition 215/Arizona Proposition 200 Briefing.** Washington, D.C., November 14, 1996. State, local, and community leaders briefed federal department and agency representatives on the recently-passed ballot initiatives as the federal response to both measures was being formulated.

- **Entertainment Industry.** Hollywood, California, January 9-10, 1997. The ONDCP Director met with leaders in the entertainment industry to discuss how the national drug prevention effort might be supported by the creative talents of the broadcast, film, and music industries.

- **Methamphetamine Conference.** San Francisco, California, January 10, 1997. The purpose of this regional meeting was to examine the growing methamphetamine problem in western states, review progress made since the April 1996 release of the National Methamphetamine Strategy, and consider appropriate responses. A follow- on national methamphetamine conference is scheduled for May 1997 in Omaha, Nebraska.

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